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INHALATION,

—* OR *—

HOW TO CURE

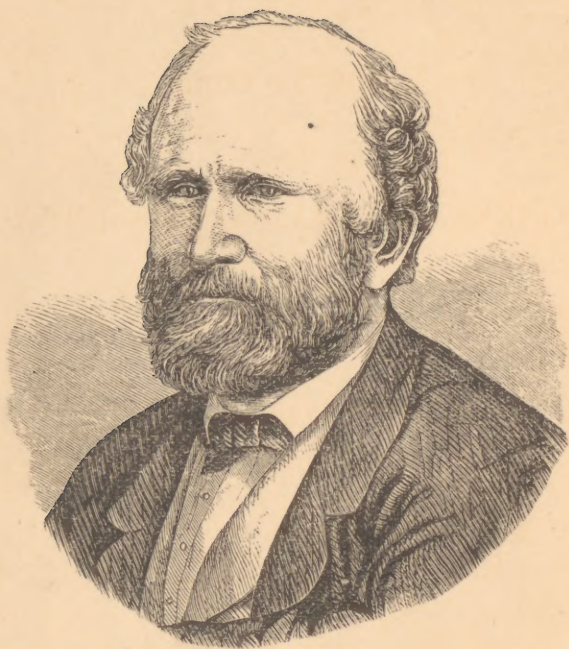
CONSUMPTION,

ASTHMA, AND CATARRH.

—* BY *—

18.
N. B. WOLFE, M. D.,

CINCINNATI.



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CATARRH, ASTHMA, AND CONSUMPTION.

BY

N. B. WOLFE, M. D.

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HOW TO CURE

CATARRH, ASTHMA, AND CONSUMPTION.

Chapter I.

CATARRH—HOW IT AFFECTS THE ORGANS OF RESPIRATION—
MUCOUS MEMBRANE—AIR-CELLS.



HERE are but few persons of adult age, who have not had more or less experience with Catarrh, either in the head, throat, or lungs.

In its mildest form, it appears as a cold, simply inflaming the membrane of the nose, uvula, tonsil glands, and throat. But in the severer forms of the disease, it assumes a more malignant character, and assails with fell purpose the bones and cartilages of the nose, rots off the uvula, ulcerates the tonsils, destroys the larynx, and insidiously fights its way along the trachea and bronchial tubes into the very citadel of life itself, the cellular structure of the lungs. View it as we may, Catarrh can not but be regarded as an implacable foe to comfort, health, and life.

I propose, in the following pages, to show how Catarrh affects the organs of respiration, and point out the danger of its character if neglected or improperly treated;

also to indicate the most successful method for arresting its progress and repairing its consequences.

As already stated, the organs of respiration consist of the nose, throat, and lungs. For all practical purposes, these may be considered as but *one organ*, as they are all endowed with a common function; namely, to prepare and transmit the air we breathe into the vital currents for life-sustaining purposes.

The interior of their structure, from the nose to the remotest air-cell in the lungs, is covered with a continuous membrane, as the skin infolds the body. This membrane, like the skin, is perforated or thickly covered with hair-like tubular pores, through which constantly exudes a bland mucous secretion, which imparts to the air we breathe moisture and warmth, without which properties it would be unfit for respiration.

When inflammation attacks this membrane, as it does in Catarrh, the follicles or pores become obstructed, and the secretions more or less arrested. When this takes place, a general derangement of the system, with feverish symptoms, is the consequence; and, if the disorder is not removed, the destruction of the membrane, in part or whole, is imminent.

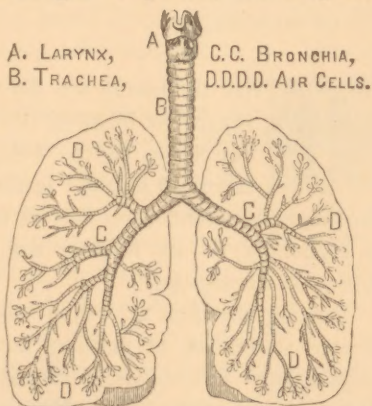
It will thus be seen, when inflammation attacks any part of this lining membrane of the air-passages, whether in the nose, throat, or lungs, it imperils the integrity of the whole pulmonary structure, and menaces life itself. We can not, therefore, exercise too much prudence in guarding it from disease; nor can we be too earnest in our efforts to remove it, when fixed upon any part of the channel through which the vital currents flow.

That the reader may have a better understanding of the organs of respiration, from the top of the windpipe to the air-cells in the lungs, the following illustration of

their anatomy will show the relation each sustains to the other.


It is estimated each lung contains nearly two millions of air-cells, and that, if the walls of these cells were flattened upon a common plane, they would cover an area of twenty thousand square feet. This is quite an extensive surface to be fed by every breath we draw. If the air we breathe is impure, the effect will be promptly registered upon our health and feelings. If it is charged with a noxious gas or poison, we languish and die. Large por-

tions of this membrane are liable to be destroyed by ulceration; but this can be arrested by proper living, and fanning the parts persistently with medicated air. On this principle is founded a system of treatment for all diseases of the respiratory organs, which has been attended with more success than any other known to modern times. A brief historical notice of this mode of treatment for pulmonary disease, will be considered in the next chapter.



Chapter II.

THE OLD MASTERS TREAT CONSUMPTION BY FUMIGATION—
MODERN PHYSICIANS BY INHALATION—CITIZEN BALLARD
AND CHLORINE GAS—DIFFERENT INHALERS—IGNORANCE
OF PHYSICIANS.

 HE treatment for diseases of the respiratory organs by inhaling the remedies in a vaporous condition, has an antiquity as remote as any recorded practice in the literature of medicine. No man, therefore, especially of modern times, can claim a monopoly of its honors, nor an exclusive right to advocate its principles.

Among the first of whom we have any well-authenticated statement, to practice medicated inhalation, was *Hippocrates*. The old Greek recommended, for pneumonia, "*the injection of the lungs with fumigations of hyssop, cilicia, sulphur, and asphalt, to bring away phlegm.*" His methods for administering fumigations were crude enough; but this did not prevent him recognizing the practice as *rational*, and giving it indorsement. He had no skilled artists to aid him by inventions; so he turned to Nature, and taught her everlasting principles. He was not slow to understand that, when disease attacked any part of the respiratory system, it could only be subdued by inhaling the remedy.

Among the Problems of Aristotle, we find the following in reference to consumption. He says, "Is it

because it makes the breath corrupt and offensive, that those who breathe it acquire the same malady?" In this problem is recognized two great principles germane to our subject, namely: first, the communicability of consumption; and, second, that it may be acquired by inhaling vitiated air.

Dioscorides, an illustrious scholar and *empiric*, living in the early part of the Christian era, recommended, for coughs of long standing, "*fumigations*" of colt's foot leaves, native sulphur, sweet calamus, dry squills, watercresses, oil of cedar, and fennel seeds, to be carried into the mouth through a hollow reed inserted in the bottom of a vessel.

Another *empiric*, *Aurelianus*, writes of the treatment of *Phthoe* as follows: "Some have exhibited fumigations arising from the burning of hyssop, thyme, origanum, sulphur, sandarac, aloes, and styrax; ordering the mouth to be opened, and a *swallowing* effort made to devour the vapor. If the voice is feeble, feed slops, and gargle with warm sweet-oil, decoction of grapes, pine-nuts, fat figs, liquorice-leaves, and barley-water."

Aritious, a disciple of *Thomison*, writes floridly on the subject of consumption; and, though he makes no specific mention of inhaling vapors, he recommends sea-voyages; for, says he, "*Breathing the salt air appears to dry up the ulcers in the lungs.*"

Avicenna, a follower of *Galen*, treated *asthma* with preparations of myrrh, spikenard, cassia, saffron, patwort, and styrax, in the form of boluses, used in fumigation, and inhaled by means of a tube or syphon.

Both *Celsus* and *Pliny* occupy prominent positions in the literature of medicine. Speaking of Consumption, Celsus traced its origin to the head, whence it descends to the lungs, attended with cough, fever, and night-

sweats; and, for treating it, recommended fumigation of many substances—among others, arsenic—to be breathed in the lungs. He, with Pliny, praised the *resinous woods for their healing odors*, which, he says, “are more beneficial to the consumptive than a voyage to Egypt, or a course of milk in the mountains.”

Among all writers in medical science, in ancient or modern times, there is none around whose name so many intellectual splendors cluster as that of *Galen*. His fame has outlived the mutations of centuries. Nature found him a fitting instrument to teach her grandest truths.

This great physician treated Catarrh and ulcers in the lungs by inhaling the smoke of arsenic and burnt sponge.

Excepting with *Sebastian Paparella*, a follower and commentator of *Galen*, who recommended fumigated air for lung disease, the practice of using inhaled remedies attained but little eminence until the beginning of the present century; though its worth is acknowledged in the writings of *Battallust*, *Kunrath*, *Duval*, *Virginus*, *Helmont*, *Schneider*, *Gratz*, *Chandler*, *Sir George Baker*, and other distinguished teachers in medical science.

Early in this century, public attention was again attracted to this mode of treating pulmonary disease, and great interest existed in its development and success. *Dr. Beddoes* began the administration of volatile medicines in a condition of vapor, from a *bladder*.

Some time afterward, a plain business man, with good sense and observation, engaged in making common salt, near Paris, in France, noticed the fact that the men he had employed about the works were all exempt from pulmonary disease; and also that several persons who came to work in his establishment, in advanced stages of Consumption, rapidly regained their health and bodily strength. This information Citizen Ballard, in his plain

but earnest manner, communicated to the "College of Surgeons and Physicians of Paris," and ascribed the important facts he had observed to the *inhalation of chlorine gas*, with which the atmosphere they breathed was constantly charged.

The medical profession belittled this discovery; but the people talked about it, and recognized its value. Soon after, Dr. Mudge, of London, came to the assistance of Citizen Ballard, and not only advocated inhalation as a system of treatment for lung disease, but proclaimed the fact that it was the *only* way by which the lungs could be medicated and pulmonary consumption cured. He employed several contrivances for inhaling vapors, among which was the one shown in the above illustration.



In this he used medicine and hot water, the vapors of which were sucked into the lungs. It was soon discovered *hot vapors enfeebled the pulmonary structure, and broke down its organic power.* The doctor was not long in discarding this tea-pot arrangement, as not only worthless to the pulmonary invalid, but absolutely injurious.

After his death, Professor *Broussais* experimented with *inhalation* in the Charity Hospital of Paris; but at the time the air in the wards was so impure that, after severe surgical operations, the mortality was three times as great as in the London hospital. So the sick were *literally poisoned with mephitic gases while these experiments were being conducted.*

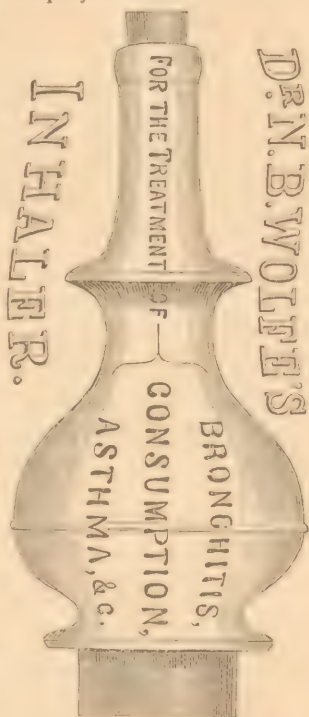
In 1845, Professor Elliotson, of London, was placed at the head of the "Brompton Hospital," where he systematically introduced medicated inhalations in the treatment of disease of the respiratory organs. The results he makes known in tabulated reports, in which, for the first time in the literature of medicine, Consumption is officially recognized as a curable malady in every stage of its development.

Following in the track of Elliotson, Sir Charles Scudimore published a work, in 1848, in which he earnestly calls upon the medical profession to adopt inhalations of medicated vapors in the treatment of pulmonary disease. In this year, my attention became engaged in inhalation, *through suffering from Asthma*. After reading all accessible literature on the subject, the error into which most had fallen seemed to me, was in the manner of preparing medicines for inhaling purposes. The medicines inhaled were reduced to vapor either in a condition of torrid heat, or boiling water; and, as a general thing, did more harm than good to the lungs when thus employed. Elliotson fumigated his wards with the medicines he made use of, and the atmosphere of Citizen Ballard's establishment was simply charged with chlorine gas. *In both instances the vapors were mixed with common air, and used at the same temperature.*

This suggested to my mind the selection of a class of remedies which could be volatilized and inhaled at the temperature of the atmosphere. A list of effective agents possessing the requisite power and properties to control disease, which could be reduced to vapor without the appliances of hot iron or hot water, seemed to be a triumph in the system of treatment that would reward the severest labor. This could only be accom-

plished by the introduction of a new inhaler, suitable to the character of the remedies employed.

To the performance of this task I devoted myself, and finally succeeded, I think, in supplying the *desideratum*. The instrument is simple, portable, and inexpensive. It can not easily get out of order or broken; and may be carried about the person, and used at any time or place, at home or abroad, sitting or standing, in the house or the open field, without discomfort or inconvenience to the most feeble. With this inhaler, and a large class of volatile remedies, well tested and approved, I have succeeded in curing Consumption, Asthma, and Bronchitis, after all hope of human relief has been abandoned.




From this brief history, it will be seen that breathing medicated air, in treating diseases in the organs of respiration, has been in vogue for many centuries, and practiced by the most renowned persons in the medical profession, though without any adequate attempt to reduce it to a scientific system until about seventy years ago. It is not, therefore, as many suppose, a "patent medicine," nor, as others declare, "the offspring of quackery;" but it is a science, requiring skill, knowledge,

and experience, to master its details and make its power useful to the world.

In the hands of an educated physician, who has given special study to acquire a knowledge of the effects of medicines when reduced to vapors and inhaled into the lungs, this method of treatment will produce grander results in mitigating the sufferings of disease than any known to man. It will, however, accept no divided homage. It must be espoused and wed as a virgin for a bride, with honor, purity, and merit in the overture. In its fair name and spotless reputation, the empiric, *whether in or out of the medical profession*, has no part or lot. When men speak in dispraise of this system of treatment for Catarrh and *its consequences*, they array themselves against eternal principles, which will survive their reproach, and flourish like Spring flowers o'er their self-dishonored graves.

Chapter III.

SYMPTOMS OF CATARRH IN THE NOSE, ACUTE AND CHRONIC—
FALLACIOUS TREATMENT—HOW TO CURE IT.

ITH twenty-five years' experience in treating Catarrh in every part of the respiratory structure, I will endeavor to inform the reader how to detect its presence, and guard against its consequences.

Catarrh most commonly begins as "a cold in the head," causing slight feverish symptoms, headache, pain above the eyes, and mucous discharges from the nose. When the inflammation extends into the tubes of the ears, a total or partial deafness, with discharge of bad-smelling matter from the external openings, are common symptoms. It also causes bad breath, if the lining membrane of the nose is ulcerated, and the matter, in hard, green chunks, is retained longer than it should be.

When the membrane lining the nose has been attacked with *acute* Catarrh, it becomes very red, dry, and swollen, and so sensitive that the slightest added excitement will cause frequent and painful sneezing. The head suffers with a hot, "stuffy" feeling, the skin becomes dry, the pulse is accelerated to the frequency of fever, and, while creepy, chilly sensations invade the back, every bone in the body seems to ache.

Such symptoms continue awhile, when "clear hot water" discharges from the nose, almost in a continuous

drip, and in such profusion that handkerchiefs are rapidly saturated, and require renewal every hour or two. This discharge may continue a day, and then gradually grow less, more bland and thicker, until it takes on the color and consistence of cream. When it does this, the acute symptoms of Catarrh are at an end.

But after the attack subsides, it rarely happens that the membrane lining the nose and throat has been left in as good condition as it was before. Ever after, it will be found more liable to excitement than it had previously been.

The disease being still confined to the front chambers of the nose, the general condition of the system may remain good; but when Catarrh, like an unwelcome guest, has opened the door, and obtrusively enters the back chamber of the nose, it means mischief, and holds your health in peril. Out of sight, under cover of the curtain of the palate, it works ruin to the parts, and menaces the integrity of the uvula, tonsils, throat, and larynx, by pouring upon them below the secretions from its ulcers above. Very soon these organs become inoculated, when the disease takes on a more formidable character, and is harder to control.

It will not require much time before the noxious odors arising from the putrid drip of the ulcers, being inhaled by every breath into the air-cells, will spread disease among their delicate membranes. It is therefore enjoined upon all, as an act of prudence and safety, to regard Catarrh as an enemy to health, and to remove it by judicious treatment as soon as discovered.

Catarrh in the head, like Consumption in the lungs, has been but rarely treated successfully by the ordinary physician. This want of success has not been for want of means to reach the seat of the disease; for the parts

are accessible to all the forces of the materia medica—solids, fluids, and gases. Nor does it arise from the malignant character of the disease, which is only a simple inflammation at first, or ulceration of the membrane in its more advanced stage.

The great error in treating it, heretofore, has been in prescribing remedies *through the stomach for a disease located in the nose, which just amounts to no treatment at all*; or, when local treatment is attempted, it consists in squirting a little warm water up the passages by a syringe or nasal douche, and the administration of an alterative medicine (whatever that may be) through the stomach and bowels. It is not a matter of surprise to thinking people that such treatment is always a fizzle and a failure.

As already intimated, the odor of Catarrh is drawn into the lungs with the air we breathe. The membrane over which this poison passes before reaching the air-cells, becomes more or less affected by this local malaria. These bad influences can only be removed by inhaling a neutralizing vapor; while the ulcers in the nose and throat must be cleansed and healed by proper medicated washes.

Let it be borne in mind, there is no disease that feeds and so soon develops Consumption as chronic Catarrh; and also that no treatment has been so successful in curing it, in every stage of its development, as the proper employment of medicated washes, in conjunction with the judicious use of inhaled medicated vapors.

Chapter IV.

CATARRH IN THE HEAD—IN THE UVULA—IN THE TONSILS—
A DESPERATE REMEDY—QUACK SURGERY.

FTER Catarrh has destroyed the integrity of the pituitary membrane in the nose, the drip of the diseased secretions into the throat very soon develops inflammation in the faucal cavity. The first organ to become affected is generally the uvula, or soft palate, which may be seen in the back part of the throat. This assumes a thick, red appearance at first; but after a while becomes so flabby and relaxed that it rests upon the fauces when lying down, or the base of the tongue when sitting or standing up, causing not unfrequently a scraping, harsh cough, to remove something which seems to stick in the throat, or a constant desire to swallow the same *something*, which "will not *down* at our bidding."

As the cause of the relaxation of the uvula is so well understood, the obvious treatment proper would be to cure the Catarrh, that its effect might cease. But such is not the usual way the medical profession deal with elongulated uvulas. The custom is to *cut them off*, and be done with them at once and for aye.

But is such treatment wise, and for the best? I think not; and, to speak of it in mildest terms, it is a cruel and unnecessary mutilation. I grant a temporary relief from the annoying symptoms is obtained by this

tawdry operation, but in no instance does it cure the Catarrh.

Sometimes before, but most frequently after, the uvula has exhibited the demoralizing influences of Catarrh, the tonsils are attacked. These glands are situated at the base of the tongue, on either side of the throat, where they are partially concealed by the curtain of the palate. When inflamed, they become very red, and so much increased in size as to present serious obstructions to the passage of food and drink into the œsophagus. Even the function of respiration is impeded, or maintained with difficulty.

Disguised under various technical names—such as diphtheria, tonsillitis, “epizoo,” and sore throat—we should not lose sight of the fact that the disease is inflammation, produced by the drip of dead secretions of the Catarrh; and that it will, if not arrested, ultimately reach and ruin the lungs.

As this inflammation has been excited by the same cause that destroyed the uvula, the treatment for its subjugation should be the same; namely, to stop the acrid drip of the Catarrh.

But here, again, the treatment of the ordinary physician is strangely at fault, and neither embodies the dictates of common sense or science. If an astringent gargle, or the application of an emollient poultice to the neck, or rubbing the outside with a volatile liniment, fails to allay the inflammation, or reduce the size of the tonsils, *cut them off*, say our professional Alexanders; and off they come. It has become hazardous to complain of toothache in the presence of members of this cutting tribe, lest they incise your gizzard or cut off your head to ameliorate your distress. Of course, such would be esteemed a *capital* operation.

There is too much—and, I fear, growing—disposition on the part of medical men to attain notoriety in this way. By some strange infatuation of the unthinking portion of the public, a high and false estimate of professional worth is attached to the use of the knife, no matter how many damaging capers it may *cut*, or however unskillfully it may be employed.


I have no disposition to utter one word against the legitimate practice of surgery; but this unnecessary butchering deserves the severest censure. When men, glaringly incompetent, seek notoriety by such work, it is time to warn the afflicted of their danger.

As enlarged tonsils obstruct the entrance to the wind-pipe, and interpose a surface of unhealthy membrane over which the air must pass before it enters the lungs, they become a powerful ally to Consumption, and certainly assist in its development.

Thus Catarrh has forged another link in the great chain of morbid pathology, and, by its insidious approaches and accumulating power, will soon assail the citadel of life itself.

Chapter V.

CATARRH IN THE LARYNX—SYMPTOMS OF ACUTE LARYNGITIS—NO HELP—"CLERGYMEN'S SORE THROAT"—
HOW TO CURE IT.

FTER the tonsils become enlarged, and the membrane lining the fauces more or less indurated by Catarrhal inflammation, the voice grows thick and harsh, and not only loses its musical quality and power, but gradually subsides to an almost inaudible whisper. When this condition is established, rely upon it, Catarrh has reached the larynx—the organ of voice, and one of the most important in the economy of respiration.

The larynx is that part of the neck situated between the base of the tongue and upper part of the trachea. In general outline, it is funnel-shaped, narrow and cylindrical below, but broad above, where it presents the form of a triangular box, being flattened behind and at the sides, while in the front it is bounded by a prominent vertical ridge known as Adam's apple. It is composed of nine cartilages, bound together by ligaments, and moved by numerous muscles. There are two openings in this structure—one in the top, called the *glottis*, guarded and protected by a valve to prevent any thing but air entering it; the other is a *slit*, about half way down, in which are found the *vocal chords*. The glottis is the head of the windpipe; and, when food or fluid

are to be guided through the cesophagus into the stomach, a little valve (*epiglottis*) closes the top until the swallow is effected. Infinite wisdom is displayed in this arrangement to secure man's comfort and happiness. If the least particle of food or drink enters the windpipe, it causes great distress, and violent paroxysms of coughing, until the offending presence is expelled.

When Catarrhal inflammation attacks the membrane lining this important structure, it means bad work, frequently terminating fatally in a few hours. Washington surrendered his noble life to the power of this terrible malady.

It is not necessary to present the symptoms which characterize an attack of *acute laryngitis*, with any view of prescribing a successful treatment in the emergency; for, alas! it is a disease which makes us deplore the impuissance of our art. Rarely indeed can any efficient service be rendered before death terminates the struggle. It may be well, however, to be familiar with its symptoms, that we may know when to become reconciled to the inevitable, and cease to struggle against invincible law.

They may be briefly stated. After exposure, the patient complains alternately of feeling chilly and feverish; when the throat begins to feel sore and obstructed. Then the breathing becomes hard, hurried, and laborious, until a feeling akin to strangulation takes place; swallowing becomes painful, and gradually impossible. The voice grows husky, and settles into an inarticulate whisper. Now the horrors of strangulation commence. The face assumes a livid hue, the eyes are restless, and look appealingly for relief. As the difficulty of breathing increases, the throat is grasped convulsively, as if to tear the obstruction from it by force; but, alas! after a brief

struggle, all power is lost, the limbs lie motionless, when the spirit happily takes its departure from the body.

A less malignant form of disease is known as *chronic laryngitis*. Though not less fatal in its character than the *acute* type, it simply requires a little more time to do its destructive work. It commences, of course, as a *Catarrhal sore throat*, affecting the voice, and presenting all the symptoms of acute laryngitis, but in a milder form. It is mostly developed by excessive use of the voice. Teachers, lecturers, singers, play-actors, auctioneers, pleaders, and clergymen, are among those who suffer most from this disease. It is known as *Clergymen's sore throat*.

The symptoms vary from slight huskiness to total loss of the voice. Sometimes the membrane is only slightly thickened and inflamed; at others, much enlarged, and destroyed by ulceration.

The most intimate relation exists between affections of the throat and larynx. The same membrane lines both organs, and both alike are subject to Catarrh. When the disease is in the throat, every breath drawn into the lungs first passes through the larynx; and with it the diseased secretions are inspired and absorbed by the cartilages, or entangled among the chords of the vocal slit.


It is a curious and painful study to notice how diverse physicians are in their estimate and treatment of this disease. The treatment of Laennec consisted of bleeding by leeches and the lancet, and the use of blisters, sinapisms, and cataplasms. Van Sweiten recommended the insufflation of pulverized alum. Sylvius, the chemist of Leyden, proposed to "correct the too great plasticity or viscosity of the fluids" by the internal use of hydro-sulphuret of potass. Dr. Rush advocated mercurial

frictions, blood-letting, and the internal "use of calomel, from one to five grains every hour, to prevent the effusion of coagulable lymph, and to *bridle* adhesive inflammation." Dr. Watson recommends the administration of mercury (in blue pill, or *hydrargyrum cum creta*), antimony, digitalis, colchicum, opium, and *hot* and *cold* applications externally; but naively remarks, in reply to Dr. Rush, "If we could always *bridle* [sic, *a blind horse?*] and limit the influence of mercury itself, it would be a more valuable recourse." Dr. Farre, quoted by Dr. Watson, writing in a very flowery strain of a lady patient whom he had calomelized, says: "Her complexion was composed of the rose and violet. Under a course of mercury she was blanched, in six weeks, as white as a lily!" Why didn't he say, She was as pale as *death* could make her, and as cold and stiff? I could fill this book with just such criminal shilly-shally.

It is folly, gross folly, to expect to cure this malady by medicines applied externally, or when swallowed into the stomach. There is but one sensible treatment to be employed, that gives any promise of success; and that consists in the direct application of remedies to the diseased organ. As the part affected can not be reached by any substance more gross than air, the remedy must of necessity be in an aeriform condition when inhaled. Fortunately for the suffering, this can be done; and when judicious inhalations are administered, in conjunction with medicated washes for the nose and throat, the treatment rarely fails of success.

Chapter VI.

CATARRH ADVANCED—OVER THE TRACHEA—INTO THE BRONCHIA—ACUTE BRONCHITIS—HOW TO TREAT IT—CHRONIC BRONCHITIS—HOW IT AFFECTS OLD PEOPLE—CHARACTERISTIC SYMPTOMS—DIFFERENT TREATMENT—INHALED REMEDIES.

 THAT part of the air-passage beginning at the lower end of the larynx, and terminating in a bifurcation which constitutes the beginning of the bronchia, is called the trachea. It presents but little obstruction to the transit of Catarrh from the larynx to the bronchial structure, and does not require special consideration. We will therefore, for the sake of perspicuity, consider trachitis and bronchitis under a common head.

When Catarrh enters the bronchia, the disease, though not technically so designated, belongs, *per se*, to the pulmonary structure. The bronchioli terminate in air-cells, and these form, in their aggregate character, the lungs. When people speak of bronchitis as an insignificant disorder, they make a great, and, not unfrequently, fatal mistake.

When Catarrhal inflammation has reached the investing membrane of the bronchial tubes, we apprehend the pathological condition of the parts by symptoms which define its character and determine its treatment. These are classified under two general heads,—*acute* and *chronic*, or *dry* and *wet*, bronchitis.

When the inflammation is *acute*, the membrane does not secrete much moisture, the breath is hot, and the throat feverish. A tight, harsh, dry, frequent, and distressing cough, racks the head and chest with pain, while the whole body "aches," and alternates with chills and fever. As the disease advances, the membrane thickens in the bronchial tubes, and secretes a gluey mucus, which adheres tenaciously to the surface, thereby narrowing the capacity of the air-pipes, and rendering respiration anxious, hurried, and quite difficult. The lips grow alternately livid and purple, while the face expresses great anxiety and apprehension, most pitiful to see. After delirium, the eyes close in the stupor of death. This form of bronchitis runs its fatal course in from forty-eight to seventy-two hours, and like its congener, acute laryngitis, can rarely be arrested by the most heroic efforts. My treatment in such cases is mainly in the employment of the lancet, drawing freely from the basilic vein, through a large orifice, until revulsion in the system is induced; after which, the administration of emollient and expectorant inhalents, such as the vapors of marsh-mallow, conium, and ipecac.

I am well aware of the hostile feeling existing in the profession against the use of the lancet; but I also know that it is based upon an unreasoning prejudice, and a silly conceit that blood and life are identical. When life and death are in issue, the physician should not hesitate to employ the most efficient means possible for the conservation of the first.

When recovery from an attack of *acute* bronchitis takes place, the decadence of the disease is marked by a gradual abatement of the severity of all the symptoms indicated. When the membrane begins to flux, the expectoration at first is scant, clear, and of a saltish taste.

It gradually increases in quantity, and changes in character to a whitish hue, and finally assumes the color and consistence of cream. The chills now subside, the pulse becomes less frequent and soft, respiration is no longer painful, color returns to the face, and love-light to the eye.

The most prevalent form of Catarrh in the bronchial tubes is, fortunately for us, of a milder character than the one just described. Nevertheless, it is quite as intractable to the stomach-dosing treatment as the first; and though it does not assail life with the same malignant *impetuosity*, yet, in the end, is quite as fatal in its consequences.

The *chronic* form of bronchitis is distinguished by a flabby and degenerate condition of the membrane lining the air-tubes. Mucus is secreted in such excess as to require almost constant cough to remove it from the bronchioli; for if they choke, the patient dies.

In this profuse expectoration, the lymph of the blood is drained away, and the whole body becomes wasted and flabby, losing its symmetry and strength. Old people, especially, are liable to this form of bronchitis, causing them to cough almost night and day to remove the secretions. It is not infrequent that from a pint to a half gallon of semi-purulent mucus is thus discharged in twenty-four hours.

The disease is not, however, peculiar to old people, but is found among all ages. In the young, it remains as a secondary result of measles, scarlatina, and whooping-cough. Mercurial salivation will also produce it; and when mothers have prolonged the time of nursing, and the menstrual secretions become interrupted, it then develops itself in a dangerous form, accompanied with blood-spitting about the catamenial period.

When these secretions partially obstruct the bronchial tubes, and lessen the needed supply of oxygen to the system, the blood becomes surcharged with carbonaceous gas, which, by its depraved character, sets up a train of morbid conditions in every part of the organization. These will be more specifically indicated when we speak of miliary tubercle.

This form of bronchitis must be treated quite different from that which we noticed first. One is dry, and the other wet. Here we seek to arrest the exuberant secretions of mucus; in the other, to encourage its flow. The one consumes you with the fever of drought; the other drowns you with a deluge of lymph. In either case, however, the disease is in the interior of the air-pipes; from whence it can not be successfully removed by mixing medicines with the contents of the stomach.

The highest skill displayed by the profession, in the treatment of bronchitis, is in making applications of nitrate of silver, or some other caustic, to the *throat*; or in dosing the stomach, *ad nauseam*, with medicines in which are concealed tartarized antimony, ipecac, or other poisonous drugs. They vary this criminal folly by blister-plasters, croton-oil, or tartar-emetic applications, until the breast is flayed, or sloughing with dreadful pustules. And yet such barbarism is dignified by the name of science (!), and day by day is committed, without reproach, upon a long-suffering and much-abused humanity. To speak in fitting terms of such a practice,—

It were base flattery to call it quackery!

Such treatment, of course, is fraught with direst mischief to the suffering patient. The great desideratum is to get the remedies to act upon the diseased parts by a direct application. This can not be effected by swallow-

ing medicines with potatoes and buttermilk; for, should the crude mass be absorbed into the general circulation, by the time the medicines traversed the round of the system, and reached the membrane of the bronchial tubes, they would be utterly exhausted of remedial character.

It must be patent to every thinking person that *inhalation* is the only method by which remedies may be introduced into the thoracic chamber, in sufficient strength to exert a healing influence over the diseased membrane lining the bronchial tubes. Reduce them to a condition of vapor; then you can, with every breath you draw, fan the entire surface of the lungs with their benign and healing influence.

There is less mental conflict, and much more physical comfort, in *breathing* a remedy into the lungs, than in swallowing powders, pills, or mixtures of drugs into the stomach. Is it not quite as elegant to say, "I will take a few vapor draughts to remove this pain in my lungs," as to ask the doctor for a dose of calomel and jalap, or some little *tooty* pills, to cure you of a stomach-ache, a gouty foot, or a heart-disease?

Chapter VII.

TRACK OF DESOLATION—CATARRH IN THE AIR-CELLS—SYMPTOMS—CONSUMPTION—SYMPTOMS—TUBERCLES—THE WARNING OF BLOOD—TWO FORMS OF TREATMENT CONTRASTED.

HAVING followed Catarrh in its track of desolation from the nose to the bronchial tubes, we next see it assail, with fell intent, the fortress of life itself, the lungs. Here are gathered and appropriated the elements which sustain the body and exalt the spirit; and here, among the delicate air-cells, we must now confront this dreadful malady.

When any portion of the bronchial tubes becomes obstructed with the secretions of the lining membrane, air can no longer penetrate the lungs beyond the points where the obstructions exist. The larger pipes may be open, but the smaller tubes become hermetically sealed, and as effectually closed as if a ligature were drawn tightly around them. When a portion of the lung structure is thus deprived of air, nature combines her forces to open the channel again. Pain in the part is her first admonition of danger. If the necessary relief is not soon obtained by coughing, she renews her efforts with freezing chills, burning fevers, drenching sweats, delirious dreams, and wasting diarrhea. If all fail, then the starved structure *dies*, and the dead lung becomes a homogeneous mass of rotten matter, which is spit out

by coughing. When this expectoration takes place, relief from the most distressing symptoms is promptly obtained, and the disease is thought to be abating; but, alas! this opinion is frequently found to be illusory. The destroyed and discharged substance has left a hole in the lung, which gradually enlarges as the adjacent cellular structure is consumed by the burning fires of the disease; the cough and spitting continue to waste the strength and tissues of the body, until the presence of that dreaded malady, Consumption, can no longer be doubted.

All this could have been averted by the timely and judicious use of medicated inhalations. If the tenacious secretions, which finally blocked up the tubes and cut off the supply of air from the lung structure, had been liquefied by expectorant inhalents, and discharged, the subsequent evil which we have briefly stated would have been avoided, without incurring risk to life or discomfort to body.

It is hardly necessary to describe minutely all the symptoms by which the various forms of Consumption may be recognized, as observing people, not interested in concealing the truth, are sufficiently familiar with most of them to interpret their fearful meaning as soon as seen. It may, however, be doing a good service to others not so well informed, to point out some of the prominent symptoms which characterize the presence of this dreaded malady.

When any considerable portion of the lungs becomes obstructed with miliary or cheesy tubercle, short breath is a leading symptom, and is always present when a little exertion is made, such as going up stairs, ascending a hill, or even walking a little more rapidly than is our habit. With the reduced breathing capacity, there is loss

of strength, impaired digestion, torpid liver, disordered bowels, disturbed sleep, and irregular pains and aches through the breast, back, and limbs. The intensity of these symptoms will be determined in the ratio of the amount of lung structure involved in the corroding deposit.

While breathing is thus being gradually reduced, there is at first a slight "hacking cough," which finally develops into a full and distressing paroxysm. As the disease advances, the hands and feet become habitually cold. Then creepy chills along the spine of the back occur, until they come on at regular intervals, leading many into the erroneous belief that they are suffering from periodic malarial "fever and ague," for which they inconsiderately use antiperiodic medicine. The stomach, suffering from debility and *drugs*, refuses food, or fails to digest and appropriate it for nutritious purposes. The tissues of the body waste, and the vascular system becomes depraved with bile and carbonaceous blood. As the liver is necessarily overworked, the physician calls it a "complaint," and proceeds to drug the *thing* away, or blister the patient to death. In females, obstruction in the lungs will cause suppression of the catamenia, and, as a collateral discharge, induce periodical blood-spitting.

When a pulmonary artery or vein is involved in the portion of lung cropped with tubercle, hemorrhages are of frequent occurrence, and always denote *serious* disease within the chest. My estimate of this symptom is fully shared by others who have attained eminence in this department of morbid pathology.

Dr. Carswell says: "It can not be too widely known, as a thing of fearful interest, as pointing out the silent, treacherous progress of a deadly disease within the

lungs. The loss of blood is an indication of the presence of *tubercles*, from which arises Consumption. Physicians," he continues, "frequently cheer their patients by the assurance that *the blood has only come from the throat*. Let me warn you not to be deceived! In nine hundred and ninety-nine cases in every thousand, when blood is *coughed* up, it comes from the lungs, and speaks a terrible warning. If you value health, if you prize life, if you have any object that renders existence desirable, begin at once to resist the progress of this fearful malady."

Sir John Forbes, member of the Royal College of Physicians of London, in his work on "Thoracic Diseases," says: "In those cases of bronchitis where blood is present in the expectoration, we always find tubercles in the lungs."

The well known Dr. Charles Hastings remarks, in his work on "Diseases of the Chest:" "Though bleeding from the lungs does not always occur in Consumption, yet when it does occur it unfailingly *indicates the presence of the disease*."

Professor *Latham*, of the St. Bartholomew Hospital, speaks of bleeding thus: "Blood-spitting always gives fearful intimation of the presence of tubercles in the lungs, which, when matured, develop Consumption."

The celebrated French physician, *Louis*, thus tabulates his experience: "In twelve hundred cases of bleeding from the lungs, I did not, in a single instance, fail to detect the presence of Consumption, or witness its subsequent development."

We could extend this list of authorities so as to include the opinions of almost every physician of eminence in modern times; but they would only corroborate, with exceptionless unanimity, the testimony already recorded.

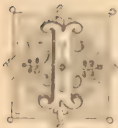
Bleeding from the lungs, however, seldom proves fatal in its immediate consequences. Years frequently elapse, after its occurrence, before the fatal disease of which it is the precursor is developed. Indeed, it is not infrequent that persons who have bled from the lungs declare they feel decidedly better than before the hemorrhage occurred; but, unless the tubercles have been drained by the bleeding, the cause remains undisturbed, and will eventuate in complete disaster to the pulmonary structure.

The popular treatment for tubercular disease of the lungs consists in drenching the *stomach* with cod-liver oil, cough mixtures, tar cordial, cherry pectorals, balsams for the lungs (!), and a thousand other nauseating doses, vilely concocted in ignorance, and swallowed with simplicity of mind. Is it any wonder that such treatment should induce Dr. Johnson to say, "Swallow your medicines, go to prayers, and meditate upon death?"

The common-sense treatment for deposit in the lungs is, to *absorb* the tubercle, by proper medicated inhalations, before its incarcerating sack is broken. This can be done, and the matter carried into the circulation, in the same manner that effusions of the chest or dropsies of the abdomen are removed, or as enlarged glands and tumors are reduced. The blood will soon purify itself, through the functions of the skin, kidneys, bowels, and other emunctories.

Chapter VIII.

TUBERCULAR CONSUMPTION—MORBID CONDITIONS AND SYMPTOMS—HOW TO DETECT DISEASED LUNGS—THE STETHOSCOPE—THE ANCIENT EXAMINATION.

T would be a stultification of the whole subject to suppose Catarrh the only cause of pulmonary Consumption. Alas! we have too much positive counter-testimony to entertain such a thought for a moment. I will now record symptoms which as truly indicate disease in the lungs as those already stated, but which have no connection whatever with Catarrh, and are the more dangerous because treacherous in character, exciting no suspicion until they spring upon you in a death-struggle, like a Thug upon his unsuspecting victim.

Morbid pathologists are aware of the fact that tubercles may be deposited in the vesicles, or in the mucous surface of the bronchia, varying in size from a pin's head to a pigeon's-egg, without exciting cough, expectoration, or blood-spitting. Even small patches of the areolar and interstitial portions of the lung structure may be infiltrated with fluid tubercular matter, and yet no evidence of the deadly disorganization be discovered, such as we usually expect to find. Under such conditions, the blood becomes a channel of depravity, and works mischief throughout the system. The functions of every organ become more or less disturbed by its malign influence,

until, under the general term of "*failing health*," Consumption gathers its victims, more numerous than those sacrificed at the shrine of War, Pestilence, and Famine.

Persons affected in this manner do business with reluctance, and move with less alacrity than in health. They feel a dislike to all physical exertion, and neglect the most ordinary duties—giving way generally to sleep or a despondent condition of mind.

In time, symptoms of dyspepsia appear, accompanied with heart-burn, water-brash, an unpleasant sensation in the stomach after eating, and habitual constipation of the bowels. Pain is felt in the region of the liver, through the chest, and under the shoulder-blades. The flesh gradually wastes; and sleep is not refreshing, but disturbed with unpleasant dreams.

The kidneys secrete a high-colored urine, which deposits a red sediment in the chamber, possessing all the chemical and microscopical characteristics of a depraved condition of the blood. With men, especially those who have used tobacco and stimulants in excess, hemorrhoids, or *fistula in ano* are common; while with females a sub-acute inflammation of the peritoneum, with partial or absolute suppression of the catamenia, and palpitation of the heart, equally indicate the presence of tubercles in the lungs.

When a person is speaking whose lungs are infiltrated with tubercular matter, a close observer will often notice the white of the eyes to look preternaturally bright and pearl-like; while the muscles at the corner of the mouth and angles of the nostrils involuntarily *twitch*.

Short breath, as already stated, is a symptom of such significance in determining the presence of tubercles, that when it exists the lungs should be carefully examined at once by an able and truthful stethoscopist; and,

if needed, no unnecessary time should be lost before treatment is employed for their removal.

A few remarks in reference to the examination of lungs by the stethoscope may not be inappropriate in this place, and will form a fitting conclusion to this desultory chapter.

There is no part of the business of a pulmonary specialist which requires more thorough study, more nice discernment and critical distinction in determining the character of disease in the lungs by the sounds of the chest, than is inspired by the legitimate employment of the stethoscope. Concealed as the lungs are from the scrutiny of the eye, beneath the bony walls of the chest and the ample protection of the muscles and skin, it is only by long practice we can become familiar with their sounds in health, and learn to distinguish the modifications which disease makes in them by hearing.

Until the invention of the stethoscope, and a critical knowledge of its value discovered, *ordinary* physicians did not pretend to examine the lungs in any other way than by gently *tapping* on the bosom of a woman, or giving "a thundering thump" on the breast of a man. This was thought to be quite sufficient for all practical purposes, and the doctor was supposed to be as wise as an *owl* after this critical inspection was over. As a fitting sequel to this stupid farce, he would then feed the stomach with medicine, for *something* he had *not* discerned in the lungs; and if the patient happened to die (which was not infrequently the case) before he could get that *something* out of the lungs, which he had given medicine through the stomach to accomplish, he would of course, as a humane man, deplore "the untimely taking off" of his patient, while he found comfort in the thought that he was a trifle *too late* in the employment of his skill.


Public opinion at last compelled the old, *ordinary* doctor to buy a stethoscope. When thus supplied, he approached his prostrate patient, and had no difficulty in detecting the delicate sounds of the lungs through a thick chinchilla overcoat, the creaking rattle of a starched shirt, muslin collars, flannel jackets, or solid old-fashioned laced corsets.

He was no longer in doubt! Now, that he had the disease on the hip, he began to persecute it with medicines through the stomach and the general circulation; and would have compelled it to surrender to his uncommon skill, if the patient had not "pegged out" under the influence of the last dose. How provoking to the doctor!

Few medical men possess any but the most superficial knowledge of the use of the stethoscope; and, of these, but very few are competent to detect the early stages of Consumption. And still more rarely do we find the requisite qualification to treat successfully the disease, should they discover it. To realize the full value of this instrument, requires a special devotion to its employment, and a separate study of the varied sounds it reveals in the organs of respiration. The accomplished stethoscopist discriminates the natural and modified sounds of the lungs, as presented in health or developed by disease, by the use of this instrument, as accurately as an art-musician distinguishes harmony and discord in the notes of a piano.

Chapter IX.

ASTHMA—SNEEZING—HOW I BECAME A SPECIALIST—DIFFERENT FORMS OF ASTHMA—REFLECTIONS.

 HERE is no malady the physician is called to meet so little understood in its pathology, and so unsatisfactory in its treatment, as *Asthma*. The knowledge we have of this disease, to day, is but little, if any, in advance of that which obtained nearly two hundred years ago.

In 1698, *Sir John Floyer, M. D.*, published in London a "Treatise of the Asthma," which, aside from its quaint language, has not been excelled by any writer on that subject since his day. Dr. Watson is forced to admit the following extract from the old Englishman's work as "a capital piece of pathology for the seventeenth century;" while Laennec himself adopts the ideas, though not the language, of the baronet, and claims them as his own. After speaking of broken-winded horses as analogous to Asthma in man, he goes on to say:

"As it happens in external flatulent tumors, they at first go off and return, but at last fix in permanent flatulent tumors, so it is in Flatulent Asthma: the frequent nervous inflations induced at last a constant windy tumor or inflation; and it ought to be considered how far holding the breath in hysteric fits, or the violent coughing in long Catarrhs, or the great distension of the lungs by an inflammation in the peri-pneumonia, may strain the bladders and their muscular fibers, and thereby produce the same rupture or dilatation or hernia as happens in the broken-winded. This must be observed by the help of the microscope; and, if the air blown into any lobe may again

subside of itself, 't is certain some injury is done to the ventiducts; the bladders are either broken, and admit the air into the membranous interstices, or else they are over-distended, like a hernia in the peritoneum; and this will produce an inflation of the whole substance of the lungs, and that a continual compression of the air and blood-vessels, which will produce a constant Asthma."

In all my reading on Asthma—and the literature on this subject is almost limitless—no writer has added much information to that communicated by the old English knight. Drs. *Ridley, Millar, Rush, Falk, Withers, Ryan, Davidson, Bree, Lipscomb, Laubender, Zallony, Albers, Balfour*, and others, quoted by *Laennec*, have written copiously on the subject; but when all their lucubrations have been reduced to germinal principles, they make about as pitiful display as a collapsed soap-bubble. They invent wonderful names, and describe symptoms of Asthma with commendable patience and accuracy; but the real pathology, the *prime* cause upon which *all* Asthma depends, has never been made to appear. The thing most important to know is the very thing that has eluded their pursuit, leaving them in cimmerian darkness. *Elliotson*, in describing the character of Hay Asthma, does it in this way:

"It is a combination of Catarrh and Asthma, and consists in excessive irritation of the eyes [why?], the nose [why?], and the whole of the air-passages [why?], producing in succession, itching of the eyes and nose, much sneezing occurring in paroxysms, with a copious defluxion from the nostrils, pricking sensations in the throat, cough, tightness of the chest, and difficulty of breathing, with or without mucous expectoration."

Now, what does all this amount to? What new truth has he taught? Has the center thought of all this "*copious defluxion*" presented any thing that a "snotty-nosed school-boy" could not have written as well, though perhaps not in such "hifalutin" style?

And *Laennec* is no better. See what a humiliating

figure he presents when he attempts to handle this subject. He says:

"We frequently find an attack of Asthma begin and terminate without any difference in the state of the respiratory sound—it being equally feeble through the whole; and in such cases, where the attack is not occasioned by a congestion of blood in the lungs or the super-vention of a fresh Catarrh, it appears to me that the paroxysm can only be considered as a temporary augmentation of the want of the system for respiration, occasioned, in all probability, by some unknown modification of the nervous influence."

This "temporary augmentation" of the *great* Laennec, and the "unknown modification of the nervous influence," under which he displays his wondrous power of analysis, only shows how foolish great men can make themselves when they play mountebank on the mental stage of the world. That I may not be accused of doing this great Frenchman injustice, I will quote from him again as he is translated by John Forbes, M. D., F. R. S., of England, with Professor Andral's notes appended. In regard to treatment, he says:

"In treating Asthma, remedies which succeed best with a great number of patients, are *useless* to many others; and in the same individual we find that a medicine which at first produced the best effects, and with surprising quickness, becomes entirely powerless after a few days. For this reason, *it is necessary to try successively several, and often very different, means.*"

It were an endless and profitless task to attempt a recapitulation of all the hypothetical balderdash encountered in the pursuit of a rational pathology for this distressing complaint. The discovery I made was, that physicians had no reliable pathology for the disease; and in reference to its treatment their views were as wide apart as the poles. Of a thousand remedies proposed for Asthma, one-half antagonized the other, and all failed to cure, as is shown by the above extract from Laennec himself.

When a student of *Materia Medica*, it was my habit to place before me a specimen of the plant, gum, or chemical I was reading up; and, by giving the substance a minute personal inspection at the same time, my memory retained its history, appearance, and medical properties, much better than it could otherwise have done.

While thus engaged with *Euphorbium canariensis*, after inspecting the perforated tears, their color and size, I gave the jar "a shake-up," to obtain a good smell of its odor. No man desires to smell fort ammonia twice in the same breath. So with gum euphorbia—one good, strong-pulling smell is all that is needed at one time. You may then take a smelling rest, and commence sneezing!

That's what I did, and sneezed long and loud, until my head was ready to split, and my eyes to pop out of their sockets. There seemed to be no end to the sternutation, though I had a sincere desire to stop it. One explosion followed another in such rapid succession that you could, at a suitable distance, fancy a miniature park of artillery in practice. The interior of my nose seemed to be on fire, and nothing but *high* sneezing could stop the conflagration; and that would n't. I sneezed an hour—through the office, up-stairs, down in the cellar, and out in the yard—every few seconds an explosion with a terminating, *O phew, ah!* A nervous neighbor woman heard the unwonted noise, and, looking over the fence, inquired what it was all about. I sneezed her out of sight in a jiffy. A dog, gnawing on a shin-bone, left his dinner and the premises in haste, as I gave him a snorter of a sneeze. About the time I began to see stars, and the top of my head meditated a flight to the moon, a regular ten-pound explosion caused a stream of blood to flow from my nose. This brought

relief from sneezing; but the violent inflammation of the pituitary membrane induced as severe a paroxysm of *Asthma* as I had ever seen.

Asthma from sneezing was something to think about; and I had sufficient reason to do so for the next five years, during which time I was scarcely free from its distressing symptoms a week at a time, notwithstanding *all the aid* I received from a number of the most eminent physicians in the country. I resolved to make it a study, and with it the pathology and treatment of all diseases of the organs of respiration. That is how I became a medical specialist for treating diseases of the nose, throat, and lungs; and thus

“A divinity shapes our ends,
Rough hew them as we may!”

Asthma, like bronchitis, may be classified under *two* heads; namely, “wet and *dry*.” Under this general division of its symptoms, we can arrange Humeral Asthma, Nervous Asthma, Rose Asthma, Hay Asthma, Spasmodic Asthma, Acute and Chronic Asthma, Congestive Asthma, Emphysematous Asthma, Asthma from a cellular *cul de sac*, and *Sneezing* Asthma. It was this last-mentioned form of Asthma, as already intimated, which interested me most, and caused me to think on the subject.

The semi-suffocated condition one endures during a paroxysm of Asthma has led many to believe the disease has its origin in the bronchial tubes and air cells. A critical examination of these organs, however, after the paroxysm has subsided, will not confirm this opinion. In a few minutes after suffering all the horrors of strangulation, with starting eyes and livid face, gasping as if each succeeding breath would be the last, all these symptoms subside, and not a vestige of the disease is


left, either in the bronchial tubes or air-cells, that can be discovered by any sense we may employ. Even when death occurs during a paroxysm of Asthma, which is not infrequent when there is organic disease of the heart or brain, a post-mortem inspection has failed to discover the bronchia contracted, or any part of the cellular structure closed. Excepting in Emphysematous Asthma, where the air-cells have ruptured and formed a *cul de sac*, or air-pouch, no abnormal condition can be traced in any part of the respiratory structure.

When the pathology of Asthma is so little understood, is it a wonder that the treatment hitherto should be little less than a stupendous round of experiment, producing the conviction only that the disease is *incurable*? Physicians, like Dundreary, have the *ugly habit* of not only saying, "*That's what a fellow can't find out,*" when any thing perplexes them; but, worse, they adjudge the possible in all things by the limit of their knowledge.

How is it, after the best medical skill has been exerted to cure Asthma, and failed, unaided *nature* often puts the pseudo-scientist to blush by granting the very boon which their services vainly essayed to command? The instances to confirm this statement are so trite, that to higgler at its verity is simply the occupation of a knave or fool.

Chapter X.

ASTHMA CONTINUED—THE ADVENTURES OF A LITTLE PILL—
THE ROYAL ROAD OF MEDICINE TO THE “SPOT”—THE
NEW PATHOLOGY AND TREATMENT—THE PNEUMOGAS-
TRIC NERVE—FACTS SETTLE ALL DISPUTES.

S nature cures Asthma, the physician should be able to do as much.

Why does he not succeed in his benevolent efforts to alleviate the suffering he is called to witness? Let a categorical reply be given to this open and direct question. Is it not self-evident that he and nature do not harmonize in the application of remedies? The one succeeds, the other *fails*.

The professional view of Asthma is, that it originates in an abnormal condition of the muscular structure of the air-tubes and air-cells. This, however, is only a *pretense*; for, if it were otherwise, would any physician, of common-sense discernment, on such premises, predicate a treatment to reach the seat of this local disease through the general circulation of the blood? The absurdity of the proposition is sufficiently exposed in the body of the question. Still it may be doing a good service to give this foolish conceit and irrational practice a *coup de grace* just here.

Let the reader fancy himself represented, *in part*, by the illustration on the next page, in the act of swallowing medicine for a disease in the lungs.

The Old System of Treating Catarrh, Asthma,
and Consumption—Scientific Adventure
of a Little Pill—Illustrated.



There you are, with your mouth wide open for the reception of the precious dose, whether it be of cod-liver oil, Ayre's Pectoral, Bate-man's Drops, Hall's Balsam, Godfrey's Cor-dial, Winslow's Sooth-ing-syrup, Wistar's Wine of Tar, or the "*Med-icamentum Dei Gratia*," which is the poorest of poor stuff, composed of the drips, drains, and washings of drug-shops, and sold for a dollar a bottle.

Put a dose of one or all of these vile com-pounds in your mouth, or, if you prefer, a pill, powder, or sickening draught prescribed by a doctor, and send it on its mission to the lungs. It passes to the back part of the throat, where the *road forks*—

1. Scientific hole—the mouth—it swallows the pill. 2. The pill in the throat—route abridged. 3. The pill in the stomach—has a good time with a big dinner. 4. Gets into the duodenum through the cardiac orifice, slightly damaged. 5. Took the wrong track through the *ductus communis choledochus*, and returned to—6. The ileum, or intestinal canal. Here it cushioned and caromed several times with potatoes and such, until it reached—7. The ileo-colic door, through which it passed into the 8. Ascending colon, where, under a stiff breeze, it traversed the transverse, and—9. Descending colon track to—10. The final exit of tooty pill, blind as a bat, and in such a demoralized condition that its own doctor could not recognize it.

one division leading directly to the lungs; the *other do n't*. Of course, the medicine takes the wrong road, and passes along the cesophagus, through the cardiac orifice, into the stomach. Here, in this great *cul de sac*, it mingles intimately with your breakfast,—beef, potatoes, bile, cabbages, pancreatic fluid, and pancakes. After a thorough admixture of your tea-spoonful dose, or *little pill*, with the contents of the stomach, the whole mass passes through the pyloric orifice into the duodenum (and be it known that all respectable men and women have duodenums): from whence it again passes successively through the jejunum, ileum, cœcum, colon, and rectum, the whole constituting the alimentary canal of the system,—a musculo-membraneous tube about thirty feet in length, and lined through its entire extent with mucous membrane. Now, that you know exactly where the medicine has gone, and “feel in your soul” that it has been absorbed by the glands of the mesentery as a *nutritive principle of food*, there will be but little difficulty in “keeping your eye upon it” while it goes directly to the “spot” you wish.

Of course, this specific work can not be done until it enters the intricate windings of the veins and arteries throughout the system which serve as canals for the blood, where it is *floated* to the very place most needed, providing it has plenty of water to swim in, and encounters no bars, shoals, tow-heads, or snags, to delay or divert it from its destination.

Now, it should be shown by the advocates of this mode of treatment for lung disease, that medicines thus administered will not mingle with the secretions, and undergo transformation and alteration as they pass through the digestive and circulatory systems. After doing this, then discover, if possible, just how the

medicine has reached the "spot" in the lungs, and missed the sore "spot" on the big toe!

It will thus be seen that the pathological view taken of Asthma by the medical profession is proved to be insincere, by the very methods of treatment they employ to cure it. If it is a local disease, why not adopt a local treatment? Unless profession and practice harmonize, both are worthless.

The most extensive branch of the cranial nerves of the *eighth* pair is the one known as the *pneumogastric*, or *Par Vagus* nerve. It passes through the neck and cavity of the chest to the upper part of the abdomen, and is composed of both motor and sensitive filaments. It supplies the organs of voice and respiration with motor and sensitive fibers, and the pharynx, œsophagus, stomach, and heart with motor influence. The origin of this great nerve-center may be traced through the fasciculi of the medulla; and, in its course to the abdomen, it sends out fibrous branches to the ears, the nose, the palate, pharynx, larynx, and to both lungs, anterior and posterior. Now, keep in mind that this great nerve-track is like a harp-string, which may be made vibrant by touching at any part, whether of the grand trunk or its sensitive filaments. It being a medium of sensation wherever the touch may be, the sense will be reflected along the entire track to both extremities.

When Catarrh attacks the pituitary membrane of the nasal fosse, the nasal branch of nervous filaments of the pneumogastric grand trunk, spread out in a plexiform network all over its surface, becomes irritated, the nervora of the filaments arrested, and, as a consequence, the main stem, with all its fibrous branches—the *auricular*, the *pharyngeal*, both upper and lower branches of

the *larynx*, the thoracic *cardiac* branches, the anterior and posterior *pulmonary* branches, the *oesophageal* and *gastric* branches—are more or less in sympathy with the mal-condition of the nasal filaments. What is true of the nasal filaments is equally true of either or all remaining connections with this great sympathetic center. Thus we can understand how irritation of any plexus of filaments may affect another, sustaining a similar relation to the common track, or trunk.

The nervous filaments of the pulmonary plexus pervade and sustain every tube of the bronchia, air-cell, and areolar tissue. When this vital battery is disturbed by a nasal, pharyngeal, or gastric irritation, the effect is to produce a spasmodic action in the parts of the pulmonary structure receiving their motor or sympathetic support through the pulmonary branch of the eighth pair.

Here we have the source and cause of Asthma. Any thing producing inharmony, or that will obstruct the flow of the vital currents, in this life-sustaining river of sympathy, may excite Asthma, pneumonia, pleurisy, or functional disturbance of the action of the heart.

I am aware this pathological view of Asthma will challenge and receive harsh, wordy criticism by the Bourbons of the profession; but it forms the basis of a system of treatment *which has been successful in curing the disease when others have signally failed.* Truth is its own umpire. Facts settle all disputes. *Non nostrum est tantas componere lites.*

Chapter XI.

SPECIALTIES CONSIDERED—MEDICAL COLLEGES—PEOPLE IN-
 CONSISTENT—INHALATION INDORSED BY PHYSICIANS—
 TESTIMONY IN ITS FAVOR—CONSUMPTION CURED—MA-
 LIGNANT SORE THROAT AND ASTHMA CURED—HAY
 FEVER CURED—TUBERCLES RESOLVED—CLERGYMEN'S
 SORE THROAT CURED—A VALUABLE LIFE SAVED.



SUCCESS, in general, is not so much an acci-
 dent as a result of well directed effort. They
 only "win in the long run," who concentrate
 their minds upon the object to be attained
 When efforts are diffused, nothing valuable is accom-
 plished. Stick to your single purpose, and work!—nine
 times in ten you will succeed when idle speculators fail.
 The "Jack of all trades is an expert at none."

The whole science of life can not be comprehended
 by a single mind. To understand the whole, we must
 consider the parts in detail. "One thing at a time,"
 is a wise axiom.

The medical profession is organized on this principle.
 It is, in its aggregate character, composed of several
 branches of study, which must be specially considered.
 We will illustrate our meaning.

In medical colleges, men are selected to teach those
 particular branches of study with which they are sup-
 posed to be most familiar. The same rule of instruc-
 tion is observed in all educational institutions. Every

Professor is a *specialist* in his particular line of thought. For instance, a man who has given a disproportionate amount of time to the study of human anatomy is supposed to be better informed of the position, shape, and magnitude of bones, muscles, ligaments, tendons, cartilages, vessels, etc., than one who has given this department of medical science only a casual thought. Well, such a one would have a chair set apart for him, and be called a Professor of Descriptive and Surgical Anatomy. Another, No. 2, who could cut more skillfully than No. 1, would be called Professor of Surgery. No. 3 would claim a Professor's chair, to lecture upon the Principles and Practice of Medicine. No. 4 would be no less considered a Professor, when he taught what he knew of Materia Medica and Therapeutics. No. 5 would be offended if not called Professor, after he gave the results of his special study and observations on Comparative and Experimental Physiology. And why should No. 6 be considered less a Professor than the rest, when he tells what he knows about Physiology and Hygiene? No. 7 steps upon the platform with no uncertain claim for special recognition as Professor of Chemistry and Toxicology; while No. 8 asserts, with no fawning spirit, his right to Professorship when explaining the principles of Medical Jurisprudence and Psychological Medicine. Even the skillful manipulator in "obstetrics" will not be satisfied unless he wears a Professor's cap; and so we have Professors for Diseases of Women, Professors for Diseases of the Eye and Ear, Professors of Electrical Therapeutics, Professors of Histology, Professors of Dental Surgery, etc.

This is not all; but it is enough to show how the medical profession naturally divides itself into *specialties*, so that excellence may be attained in each department of

study. Here are fourteen learned men composing the Faculty of a medical college, whose business is to give their best thought on subjects they have specially considered. For this, they acquire reputation outside of the college-building, and make it profitable to all parties, in more ways than one.

Now, is it to be expected that a young man who has spent two or three years' desultory reading and love-making in a country physician's office, after attending one or two *courses* of lectures, and sowing his wild-oats in city-life, will know as much as his fourteen teachers combined, or even as any one of the Professors in his particular line of study? Indeed, it were too *modest* to suppose so much.

What is the inference? Why, only this: If this young man would compete successfully for the Professor's excellence, he must devote himself to the consideration of a *special* subject. Otherwise he will fail. *Non omnia possumus omnis.*

It is beginning to be understood by the people that colleges grant diplomas to many young men to practice medicine, which had better be withheld. Glaring incompetency should not be legalized; and, if this abuse of chartered privileges is persisted in, the good name of the profession will suffer, and its usefulness be destroyed.

This grade of intellectual dribblets agree that Catarrh, Consumption, and Asthma can not be cured; and, alas! the public mind echoes the pernicious sentiment; and yet, strangely enough, when affliction comes, the very doctor who declares himself incompetent to meet the occasion is called upon to prescribe.

In view of the magnitude of the malady and the character of the physician, we need not affect surprise

when we hear him declare, *Consumption can not be cured!* He speaks honestly of his own ability, and gives this opinion as the result of his practice by medicating through the digestive and circulatory systems. Why don't the people believe, and let him alone, when he tells them he can not cure Consumption, Asthma, or Catarrh? As long as they apply, he will prescribe *something*, for by that means he gets his living; but if you look him in the face, and ask him if he can *cure Consumption*, he will answer, *No!*—for he understands it is more profitable to speak the truth than be *caught* in a lie. There is, however, a small class of physicians who are ever ready to examine and determine fairly upon the merits of any proposition which has for its object the public good. These deserve well of their fellow men. Of such is the writer of the following interesting letter, which speaks for itself:

**Letter from a Conscientious Physician, confessing the Folly
of attempting to cure Consumption by dosing
through the Stomach.**

"RENSSELAER, IND., October 24, 1870.

"DR. N. B. WOLFE,—*Dear Sir:* A week or two since, I received, through the post-office, your pamphlet on the Diseases of the Nose, Throat, and Lungs, and the Cure of Consumption, etc. I have *read* it with considerable interest.

"I have practiced medicine for forty years.

"As a physician, I have long been convinced of the utter folly of attempting to cure Consumption by any method heretofore recommended. When called upon by persons afflicted with it, I always managed to get clear of the case as soon as possible, and let some more ardent believer in the usual popular remedies try his skill, and see the failure of his treatment. I have believed for a long time that the disease was incurable, unless some plan could be devised for the direct application of remedies to the diseased parts; and I knew of no plan by which this could be done, which could afford me a rational hope of success. I have had friends who tried the inhalation of medicine by *steam vapor*; but their cases had the usual termi-

nation. Their remedies either could not be so concentrated as to promote healing, or else they had not the proper remedial agents or suitable appliances for their introduction.

"I know not what remedies you employ; but from your confident assertion that you can cure the disease, often in its advanced stages, and the declaration of those who have tried your remedies, I am led to believe it is an advance and an improvement upon the former treatment by inhalation, and the use of more effective remedies.

"After reading the work and your vouchers, I felt if there was any cure for Consumption it must be on your plan of treatment, and I felt a desire to see it tried. Accordingly, I had a near neighbor, a lady, who it was said was going down with this fell destroyer. She was not a patient of mine; but, as a neighbor, I put the pamphlet in her hands. The physicians who had administered to her had told her husband they could do nothing to cure her. I would have no desire to treat her case, but I would like to see the effect of your treatment.

"I think they will make application to you, and I should be glad to see you succeed in curing her. She was not so sunken as I expected to see her, and I think has no worse symptoms than many of those who ascribe their restoration to health, and their escape from death, to the efficacy of your treatment.

"I have another case in view, to whom I will extend the same opportunity, with the same desire to try. This, too, is a lady, and I hope within reach of your remedies.

"Without intruding further upon your time or patience, I subscribe myself, very respectfully,
JAMES RITCHEY."

Dr. Ritchey is not the only physician who has "long been convinced of the utter folly of attempting to cure Consumption" by the usual process of reaching the lungs with medicines administered through the stomach and bowels. There are, indeed, but few capable men in the medical profession who do not entertain accordant views with Dr. Ritchey's statement. His letter, therefore, is representative of the sentiment of a large class of physicians who have had much experience in treating pulmonary disease. I will, however, introduce another letter of a somewhat similar character, at the risk of being unnecessarily tedious, to show "there is no medicine that can be introduced into the stomach, strong

enough to resolve tubercles; that would not destroy that organ itself;" and "that the long list of expectorants and discutients are but the synonyms of failures."

A Scientific Letter from an Intelligent Physician, repudiating the Old Treatment, and favoring the New.

"PHILADELPHIA, December 29, 1871.

"DR. N. B. WOLFE,—*Dear Sir*: I have just read your work on the treatment of 'Pulmonary Diseases by Medicated Inhalations,' and can not but coincide with you, that it is the only rational treatment ever yet proposed for those diseases, inasmuch as the medicated vapor reaches the seat of the disease directly, just as a topical application would an external sore. In a practice of many years, I have never yet been able to discuss or resolve a tubercle in the lungs by the introduction of medicines into the stomach, although I have almost exhausted our *Materia Medica* to discover such a remedy. Furthermore, medicines in the stomach, after having been subjected to chymification, become so diffused and attenuated when taken up by the chyle, as to be almost, if not entirely, impotent for good or evil on reaching the lungs; and our long list of *expectorants* and *discutients* are but the synonyms of our failures. The phosphatic deposit of tuberculosis is unquestionably made while the patient is in a negative state—with an enfeebled, vascular action in the lungs; but once made, there is no medicine that can be introduced into the stomach strong enough to resolve them, that would not destroy that organ itself, and the only possible means of reaching tubercles is by the gaseous, topical application, or medicated vapor—as all other modes of treating Consumption are but histories of so many failures. The plain, practical sense embraced in your treatise merits, and doubtless will commend itself to, the attention of the medical profession, as well as the public. You are on the right track. Persevere. Respectfully, etc., GEO. C. WOOD."

It will thus be seen, intelligent physicians have lost all confidence, if they ever had any, in the old system of drugging the stomach and bowels for diseases in the nose, throat, and lungs. Dr. Wood declares "he had almost exhausted the *Materia Medica* in his efforts to discover a remedy for Tubercular Consumption, but without success." Hundreds of other physicians have made similar statements, and, with singular unanimity, say by the old system of treatment no disease of the

respiratory organs can be cured. Is it not time that the *people* should believe the doctors? What kind of folly is it to hope for success, when nothing but multiplied failure stares you in the face?

A gentleman in broken health consulted with me, in 1868. After a careful examination, I found the membrane of his nose, throat, and bronchial tubes partially destroyed by Catarrhal ulceration, and the upper and middle lobes of his right-lung fearfully obstructed with tubercular deposit. Muco-purulent pus was secreted in excessive quantity, requiring an almost constant cough for its ejection. His whole system was in extreme emaciation, with great debility, and the usual symptoms of Tubercular Consumption present. Several physicians, who had been medicating his stomach and bowels, pronounced his condition hopelessly incurable.

It was not a *fair case to test the merits of the new system of treatment*; but it afforded an excellent opportunity of contrasting the old with the new. I prescribed proper medicated inhalations for the bronchial tubes and lungs, and medicated washes for the nose and throat. This treatment was continued three months, during which time the patient gradually grew better, and finally was restored to health.

To ascertain whether the cure was permanent, three years after his recovery I wrote to Mr. Reed, asking for such information. To my letter he made the following reply, after the head-lines:

**A Hopeless Case of Tubercular Consumption cured by
Medicated Inhalation.**

"KENTON, KENTON CO., KY., May 23, 1871.

"*Dr. N. B. Wolfe, Cincinnati, O.:*

"DEAR FRIEND,—In reply to your friendly inquiry after my health, I am happy to assure you that it never was better; and for that

health, and even life itself, under a kind Providence, I am indebted to your skill and experience.

"I believe, now, that had I never called to consult you about my case, I would ere this have been numbered with the dead. You commenced treating me for Catarrh of the throat and bronchia, and for tubercular obstruction of right lung, on the 14th of October, 1868, and three months' treatment was attended with most gratifying results. At the time I commenced using your medicine I was greatly reduced; for months I had passed sleepless nights, coughing almost incessantly. My condition was most wretched and pitiable indeed. How I suffered none can tell, except those who have passed through the same bitter experience. I had tried various physicians and remedies for relief, but in vain; the disease marched steadily and resistlessly on, carrying me, as I believed, to my grave. When I first called to consult you about my case, I must confess that it was with a good deal of that sort of faith that drowning men are said to see deliverance in, clutching at straws. My friends all looked upon the experiment as a sort of forlorn hope—a probable prolonging of a life past medical skill to restore. You know not with what anxiety and solicitude they watched the progress of the case; but, thanks to your skill and experience, I am in the enjoyment of better health than ever before, and with a constitution reinvigorated. I have not had occasion to take a single dose of medicine for more than eighteen months. My weight exceeds by thirty pounds any weight ever attained by me before, even in my former healthiest condition. I have not hesitated to recommend your mode of treatment for all diseases of the nose, throat, and lungs, as the safest, speediest, and the most satisfactory; and I do believe the cures effected in this way are permanent.

"Please accept my sincere thanks for the friendly interest you manifest in my health, and all else that concerns my welfare. May you live long to confer the same blessings upon suffering humanity that you have upon me! The subscriber will ever hold your services to him in grateful remembrance.

"Very sincerely, your friend,

ROBERT H. REED."

A majority of the applicants for treatment by medicated inhalation are in such an extreme condition of debility that but little expectation of their restoration to good health can be reasonably entertained. The trial is made as a forlorn hope, after all other systems of treatment have failed.

I will state, in illustration of this fact, the case of a

Mr. Harrison, of Dearborn County, Indiana. This gentleman called upon me early one morning, and handed me a circular statement of the condition of his son's health. After a careful analysis of the symptoms reported, I declined to prescribe, and gave as my reason for doing so, that the sick man was dying when this report was made. The anxious father, of course, could not realize the extreme condition of his son's health, and urged that he was better than he had been for some time, in the forepart of the preceding night; that he had rested well, coughed less, and talked cheerfully and hopefully. While he was thus proceeding, a telegram was handed in at the door, which read: "Dr. Wolfe, — tell Mr. Harrison to come home. John died at two o'clock, this morning." For the first time, the poor, heart-stricken father began to realize the calamity that had fallen upon him, and broke down in grief.

I could cite a number of cases quite similar in character, all tending to show that treatment was only resorted to after death had placed its signet on the victim. A gentleman from Bureau County, Illinois, in the last stage of Consumption, imprudently, in his extremely reduced condition, made me a visit, for personal consultation. I urged him to return to his home at once, that he might be blessed with the Oriental benediction, and "die among his kindred." But, alas! the "white messenger" surprised him on the cars, while entering the depot at Indianapolis, where strange but sympathetic hands supported his head as it drooped in death.

I think it a reasonable estimate to make, that one-half the people who make application for treatment by medicated inhalation are in a dying condition at the time. When failures occur in such cases, it is not fair to cite them against the efficiency of the treatment.

Nothing but the Divine command to "arise, take up thy bed and walk," would be adequate to vitalize again the wastes of such broken and shattered forms.

In many of these extreme cases, I question the possibility of cure, but dare not hesitate in my efforts to save while life remains. Of such a character was a circular application made by Mr. E. J. Cornell, the assistant postmaster at Columbus, Ohio, for his wife. The condition of her health was such that her attending physician informed the family "she could not live two hours; that she would be a corpse before my medicines could be received." The sequel shows the doctor was in no condition of mind for determining coolly upon the chances in the issues of life and death. We invite special attention to the following statement of Mrs. Cornell:

A Dying Woman rescued from Death by Medicated Inhalation—Read the Testimony of the Living Patient.

"WORTHINGTON, FRANKLIN CO., O., October 20, 1871.

"DR. N. B. WOLFE,—*Dear Sir:* The season for visiting has passed, and yet we have not had the pleasure of seeing you in our village, as you partly promised we should, if you could arrange your business to leave it for only two days. I know how it is, so I have no complaint to make, however much I may feel disappointed.

"I had so much to say to you, which I could not write, and my family were so anxious to see the man who had saved me from so much suffering, and, as we all believe, *death*, that really you have escaped an ovation by remaining at your post of duty. At the last anniversary of our wedding, dear husband and I really did wish you to be present to share our enjoyments and receive our thanks.

"We all feel that you have been a true and good friend to us in time of need, and you must allow me to express my gratitude in this way, if you will not receive it in person. When you undertook to restore my health, you scarcely understood the magnitude of your enterprise. It is necessary now to inform you what you have really accomplished.

"For *twenty years* I had been subject to sore throat and cough, and for the past five years a confirmed invalid. My disease baffled the

skill of the most celebrated physicians of this and other States. I can not tell you how many were employed ; but none gave me the slightest relief of a permanent character. My symptoms were peculiarly distressing. For hours I would struggle for breath, during which time the flame of life could only be kept alive by fanning, and the kind offices of loved ones. Frequently my breathing seemed to stop, or recurred with such gasping intervals that every breath drawn would appear to my afflicted friends to be my last. I was entirely willing that the silver cord should be loosened ; for such suffering could no longer be endured. I felt that I was choking—smothering, dying ! O, such distress, and such helplessness ! What agony to endure, and yet *no hope* of relief ! I could not raise my hand to my head, and could only make my wants known by the mute language of the eye. My attending physician retired from my room with my dear husband, to say he had no hopes of my living *two hours* ! Anticipating this opinion, we had ordered your treatment two days previous, and were now free to inform the doctor of what we did. He shook his head, and remarked, ‘Your wife will be a corpse before you receive Dr. Wolfe’s medicines.’ *I am happy to say he was mistaken*, though all were of his opinion at the time. Under such circumstances, your medicines and inhaler were received, and their use commenced. It was a severe test for your new treatment, and we all expected it to fail. I had tried the old Thompson practice of lobelia and *high* belia, allopathy, homœopathy, electropathy, and hydropathy, but grew gradually worse in my condition. Your inhaler was held to my mouth ; for I could not raise my hand to perform so trifling an office. As I drew, for the first time, medicated air into my lungs, I felt my hopes revive. ‘Thank God !’ I mentally ejaculated, ‘I still live and hope.’ My distressing paroxysm gradually gave way, and I was soon relieved, so much as to be comparatively comfortable by continuing the medicated inhalations. I was reduced to a mere skeleton, and could not take as much nourishment as an infant. Some of my physicians pronounced my disease laryngitis, some pharyngitis, others bronchitis, some croup (of five years’ standing), and, again, it was called liver complaint ; but they would not call it, as you did, Asthma and Consumption ! My cough and terrible paroxysms of choking gradually began to subside from the first time I began to use your medicated vapors. For more than two years, now, neither have returned.

“Do you remember, Doctor, when you wrote, ‘Mrs. Cornell, you will never have another savage choking ?’ That promise did me ever so much good ! ‘Thank God for that !’ I exclaimed. ‘I believe Dr. Wolfe—he has never deceived me.’ Since then, O what a change ! I wish you could see me now—*restored completely* ! and happy in my new-found health. I was an object of *pity*, but am now an object of

envy. The girls would like my rosy cheeks, and—well, it won't do to say plump form: that don't exactly express it; *conceive* of something *better*, then you have it.

"Perhaps you would like to know how I put in my time. Well, I'm preaching the new gospel of health far and wide, at home and abroad, with voice and pen. I sound it from the housetops, and through the streets of Worthington. I visit the invalid, and whisper hope to the despairing ear, and encourage the sinking heart to be firm! How many patients have I sent you? A dozen, at least. . . . But I have written too long a letter. Come up when you can. You'll be no stranger here. . . .

"I remain your sincere and grateful friend,

"MRS. E. J. CORNELL.

"P. S.—Place me among the witnesses to testify to the value of medicated inhalations in the next edition of 'Common Sense.'

"MRS. E. J. C."

The foregoing case has been described with sufficient accuracy to require no further comment than to say that the victory won by the treatment in this instance was snatched from the very jaws of death. No wonder the physician felt appalled in the presence of such a complication of maladies; for, with his system of treatment, he was utterly unprepared for the encounter.

Among hundreds of cases of malignant sore throat which I have treated successfully by medicated inhalations and washes, I will refer to that of Mr. David Baker, the fashionable hatter, in the Gibson House, of this city. His Catarrh exhibited such an intractable character as to threaten utter demoralization to the pulmonary structure. It was in this hopeless condition that the treatment was employed, and with what success will appear in the following letter:

Malignant Sore Throat cured by Medicated Inhalation.

"CINCINNATI, O., November 1, 1871.

"DR. N. B. WOLFE,—*Dear Sir*: Your note, bearing even date with this, is to hand. Accept my sincere thanks for your kind wishes, and believe me, with reciprocal regards, yours truly.

"In regard to my health, it is every thing that could be desired. My throat and lungs have given me no trouble since you pronounced them well. I have no cough, or pain in any part of my chest. I have taken cold once or twice by exposure; but no ill effects were left, to remind me of the old infirmity. The good health I now possess enables me to enjoy life with comfort, and to attend to business with pleasure and satisfaction.

"I can not permit this opportunity to pass unimproved without thanking you most sincerely for the great service you have rendered me as a physician. Whatever is valuable in life, I feel I am indebted to you for its enjoyment. Hence, I remember you in pleasant places.

"May you be abundantly rewarded for your efforts to save from death the dying, to revive the drooping spirits of the desponding, and to restore to health the sickly children of the race!—is the sincere wish of your grateful friend,

DAVID BAKER."

While transacting some financial business, on the 5th of September, 1859, at the counter of the Walnut-street Bank, in this city, with the teller, Mr. George C. Glass, I observed he was suffering very much with Pulmonary Asthma, which he said he had had, with short periodical exceptions, for fifteen years. He desired me to undertake the treatment of his case, which I did, with the following result:

Asthma of Fifteen Years' Standing cured by Six Weeks' Use of Medicated Inhalations—A Well-known Citizen testifies.

"CINCINNATI, *January 12, 1860.*

"HENRY WATSON, ESQ.,—*Dear Sir:* Your favor of the 10th inst., inquiring to what extent I have been benefited by Dr. Wolfe's treatment, and whether I would recommend it to others suffering from *Asthma*, is received. In reply, I would say, I have received *much* benefit from using Dr. Wolfe's remedies; and what he has done for me, I doubt not, he can do for others.

"I had been troubled for the past *fifteen years with Asthma*, which *invariably* made its appearance in the Fall of the year, and continued through the Winter and Spring. Last Fall, it came on with more than usual violence in all its symptoms. I called on Dr. Wolfe, and put myself under his treatment by medicated inhalations, and received relief immediately; and in one week my breathing was entirely free. I continued his treatment, however, six weeks, under his advice, when I discontinued it, not feeling the slightest necessity for using it

longer. It is now more than five months since I used his treatment, and have passed through the season during which I usually suffered most, but without any symptoms of my old complaint returning. *I think I may now consider myself cured.*

"I have no hesitation whatever in recommending Dr. Wolfe's treatment to persons suffering from *Asthma*, or any other form of throat or lung complaint, and feel satisfied that any one using it will soon be of the same opinion as,

"Very respectfully, yours,

GEORGE C. GLASS."

Here was a case of *Asthma* which ordinarily continued nine months in the year, including Fall, Winter, and Spring, which had never failed to put in its annual appearance for fifteen consecutive years. The effect of six weeks' treatment by medicated inhalations, in this case, was to stop the disease for five months, with no symptoms of its returning, at which time Mr. Glass considered himself *cured*. But how long would the case remain cured?—is a question of interest to all afflicted with *Asthma*. I answer, As long as he lives, providing he does not perversely invite its return. Desiring information on this subject from Mr. Glass himself, I wrote him a letter, more than twelve years after he had pronounced himself cured of *Asthma*, asking him to inform me whether the cure had remained permanent. To this letter Mr. Glass made the following reply:

"WALNUT-STREET BANK, G. H. BUSSING & Co., }
"CINCINNATI, November 1, 1871. }

"DR. N. B. WOLFE,—*Dear Sir*: Your note of inquiry in regard to my health is before me, and am pleased to give you an early reply.

"In a letter written almost twelve years ago, I stated that, after suffering for fifteen years with *Asthma*, I thought I had been permanently cured, after going through a course of your treatment lasting about six weeks. I wrote that letter five or six months after receiving your treatment; and, as for the previous fifteen years I had been troubled with *Asthma* at every change of the weather, I supposed, from the long lapse without having any attack, that I was permanently cured.

"I have, however, since that time, had two or three pretty severe attacks of the *old enemy*; but I never have them now except in the

Fall of the year, whereas, previous to receiving your treatment, I was liable to an attack at any time. Although I have many doubts as to whether or not a confirmed asthmate can be *cured*, I *know* his sufferings can be greatly alleviated. I can conscientiously recommend any one suffering with that *terrible disease* to call on you; I know you will give them relief, if you do not permanently cure them. *Perhaps if I had followed your directions more closely than I did, I might have been permanently cured.* You ask the privilege of making my reply public through the pages of your valuable little work, 'Common Sense.' In answer, I will only say, if my reply to your letter could be the means of relieving any one suffering with Asthma, you are privileged to make it as public as you please.

"In conclusion, if this letter is to be published, I would wish to say to those who read it, in all social and business relations with Dr. Wolfe you will find him a *gentleman*. He expresses himself with frankness and candor, and, though he may be mistaken in his opinions, he is never obscure in his sense. He will *honestly* tell you what he thinks when asked for a professional opinion, and will either make you glad or sad. He makes no promises which he does not fulfill.

"In conclusion, dear Doctor, I will only say that such a man as yourself will have many warm friends, and perhaps some bitter enemies. Among the former I hope ever to remain.

"Very truly, yours,

GEORGE C. GLASS."

It will be observed, in twelve years Mr. Glass had but two or three severe attacks; and even those he thinks he might have escaped, had he followed the directions I gave him, more closely.

I met Mr. Glass a few days ago (June, 1874) on the street, he having just returned from Eureka, in Nevada, where he is now permanently located, and he assured me his health could not be better than it then was; and, though exposed to all kinds of hardships and inclemencies of weather, he had had no attack of Asthma for five years.

Interesting Correspondence between two Distinguished Pioneer Citizens of Cincinnati on the Curability of Hay Asthma.

MAJOR DANIEL GANO, the writer of the following letter, recently died in this city, in the seventy-ninth

year of his age. He is said to have been the first white child born in Hamilton County, of which Cincinnati is the county *town*. He was therefore the oldest white native of the county when he wrote the appended letter to GENERAL REES E. PRICE, another venerable pioneer, now living, in his eightieth year. Both these old-time gentlemen have filled offices of honor and trust, and both have been presidents of the "Pioneer Association" of old folks who settled in Cincinnati early in the present century. As they assisted in subduing the physical wilderness, and prepared the way for the "Queen City" to grow "a thing of beauty and a joy forever," so are they now assisting to drive out savage ignorance from the wilderness of mind, that Science may introduce her higher truths, and stimulate the advent and growth of a higher civilization:

"CINCINNATI, August 18, 1870.

"GENERAL REES E. PRICE,—*My Revered Friend*: I have noticed a statement, which has obtained an extensive circulation through the public press of the country, to the effect that Henry Ward Beecher was well satisfied in his mind that Hay Fever, Rose Asthma, or Rose Cold—as called—was an incurable disease, and that he had suffered with it for many years, and was still a victim to its annual torment.

"Having some friends who are troubled with this affliction, I hope it is possible that Mr. Beecher is mistaken; and I am encouraged to think he is, from hearing that a member of your family, who had suffered a long time with the Hay Asthma, has been successfully treated by a resident physician of this city. It would be a matter of public interest to hear from you on this subject, as any statement you might make would be received with entire respect and confidence by your large circle of friends and acquaintances, and be of public utility.

"After so many years of friendly intimacy, I may be allowed to congratulate you on passing your seventy-fifth birthday in such a fresh and healthy state of preservation.

"May you and your venerable lady have many happy returns of it!

"May you and yours be blessed with all earth affords, or Heaven can send!

"Long life, good health, much pleasure, and very many friends!

"Mrs. Gano joins in kindest regards to your good lady.

"In best of bonds, yours,

DANIEL GANO."

To which General Price makes the following reply:

"TWENTY-FIRST WARD, CINCINNATI, *August 22, 1870.*

"MAJOR DANIEL GANO,—*Respected Friend:* In reply to thy kind inquiring letter of the 18th inst., I state as follows:

"My eldest grandson suffered with Hay Asthma several years. It came on regularly in the early part of the Summer, and continued till late in the Fall. Our efforts to alleviate his distress did not meet with much success. He derived most benefit from visits to the cool climate of Lake Chataqua, New York; but that was only temporary. Twice, after escaping the disease during the Summer, it returned with violence while *en route* for home, in the Fall.

"The last time he came home with Hay Asthma, September 30, 1868, we engaged the professional services of Dr. N. B. Wolfe, of this city, a medical specialist for treating diseases of the nose, throat, and lungs, of whom we had heard by common report as being successful in treating this disease. Under the influence of his remedies, my grandson rapidly improved, and during the remainder of the season had no return of the Asthma.

"The following year, 1869, my grandson remained at home, and, several weeks before the time usual for his Asthma to return, received preventive treatment again from Dr. Wolfe, who locates the pathology of Asthma in the nose. The result was most happy and satisfactory to all. The disease, for the first time in several years, did not appear, notwithstanding, my grandson, in August, attended the annual county fair near Florence, Ky., and during the time was exposed to the dust and discomfort usual on such occasions. Still another year has now gone by, and yet there has been no return of Asthma.

"From the successful results of Dr. Wolfe's treatment in the case of my grandson, I am disposed to believe Hay Asthma is a curable disease.

"For your kindly feeling and congratulations, accept my sincere thanks, and believe me, with much personal respect,

"Yours, truly,

REES E. PRICE."

Four years have elapsed since the foregoing correspondence closed, but since then the "eldest grandson," alluded to by General Price, has had no return of his unwelcome visitor, making in all six years' exemption from the last attack of Hay Asthma. Is it cured? Or how long a time must elapse before a cure may be pronounced entirely satisfactory?

The writer of the following letter has quite recently passed to the spirit world. In this city, where he was well known, however, his statement will continue to influence the minds of men; for a purer, more upright and honorably minded man never dwelt in our midst. For many years, Mr. Van Deursen filled the responsible position of general auditor of the Ohio and Mississippi Railway Company, in which capacity he was serving at the time he was stricken with a fatal prostration. His voice, in favor of medicated inhalation, now comes to us as if from the bright land of the hereafter; and we reproduce his letter because we believe, if he were present, he would authorize us to do so:

“AUDITOR’S OFFICE OHIO & MISS. RAILWAY CO., }
 “CINCINNATI, August 27, 1870. } ”

“*Dr. N. B. Wolfe, Cincinnati, O.:*

“MY DEAR SIR,—You are aware that the general sentiment is, that testimonial letters are very easily obtained, and not unfrequently manufactured for effect; but I am too well known in this city to excite, in the minds of my friends and acquaintances, any idea of an attempt at sensation in the statement of my case.

“When you took my case in hand, I said to you that I had become desperate, having been a sufferer from the diseased condition of my nose, throat, and lungs—all being involved—for more than ten years. So long, indeed, had I suffered, that the diseased condition of these vital organs had become chronic, and, by ordinary medical treatment, considered incurable.

“My constant liability to severe hemorrhages, and the frequent recurrence of bleeding, sometimes to the extent of a pint or more of blood, followed by great prostration and loss of flesh, nausea, and loathing of food, and other attendant afflictions in such cases, led me to try the skill and advice of the best and most eminent of the profession in medicine; and, in my anxiety for relief from one or all of these unnatural conditions of the system, I used many of the published remedies declaring a *cure cure*, in the vain hope that, by medicating the general system through the stomach, relief might be secured through some of these means. Temporary relief was sometimes obtained; but the disease was only laid asleep for a brief period, to renew its attacks with greater violence, until, in January, 1869, I became convinced that

no permanent relief could be found by the ordinary means employed in such cases, and I determined, by the advice of friends to apply to you.

"I put myself under your care on the 22d of February, 1869, and, after three months' faithful use of your mode of treatment, I am happy to say that my condition was greatly improved; and I feel to-day, after eighteen months' trial—though I have only used your remedies occasionally since the first treatment—that my condition is far better than I could have expected, and am enjoying a good measure of health. For the past year, I have not lost a day from my business on this account; I eat heartily of every kind of food that I am fond of, with a good appetite, and enjoy it with a good digestion; sleep quietly; have had no bleeding for a year or more, and I flatter myself shall escape it entirely for the future. My general health has greatly improved, and my lungs are free from the distressing sense of suffocation which formerly so oppressed me; my nose and throat are free from irritation, and indeed, I may say, cured.

"I attribute my present comfortable condition, under God, to your skillful treatment of my case, though you did not flatter me with the promise of a perfect cure, as my case had been of so long standing; and believe that but for the use of your remedies I should long ago have been laid in my grave. Up to the period of committing myself to your care and skill in treating my case, I had been treated by all the usual internal remedies for relief, and the topical applications of mustard plasters, blisters, cupping the chest with dry and wet cups, tartar-emetic ointment, etc., but only with the usual results of temporary relief.

"I repeat, that I take great pleasure in testifying to the fact, as I firmly believe that your mode of treatment, by medicated inhalation and the other remedies employed by you, is the only sure source of relief and ultimate, permanent cure of cases of diseased lungs, throat, and nose.

"Very sincerely, your friend, P. VAN DEURSEN,
"Auditor O. & M. R. W. Co."

I have only space to add one or two more testimonials to this department of my little book. From a thousand letters of like character, I will take the following, as it has only been a few days since I heard from the writer, who is still in the enjoyment of good health. This lady's case attracted a great deal of attention at the time it was treated, and many persons visited her, to satisfy them-

selves, by personal, positive proof, of the verity of her statement:

A Confirmed Case of Quick Consumption cured by Medicated Inhalations, and remains cured for Seven Years.

"NILES, BERRIEN CO., MICH., *November 21, 1867.*

"DR. N. B. WOLFE,—*Dear Sir:* When I think of the state of my health when I commenced with your remedies, and see now how I am, it seems almost impossible. No wonder my friends are surprised; they seem to think it will not be lasting. I tell them they do not know how well I feel. Last Fall, at this time, *my friends expected to have laid me in my grave.* Then the doctors said it was a *confirmed case of Quick Consumption*, and that I could not be helped; but here I am to-day, nearly as well as I ever was. And thanks to you, my dear sir, for the good your treatment has done me; and I hope that many more will be brought to see that by *medicated inhalations the lungs can be healed.*

"Dr. Wolfe, you made a great mistake about my weight; you said I had lost flesh while using the treatment. I gained ten pounds the first month, and kept gaining through the whole three months. When I commenced your treatment, I only weighed a little over one hundred; now I weigh one hundred and forty.

"Well, Doctor, the people are coming to me from all directions for books and circulars of questions, and to learn all about you, and to see if I am really the woman that had the Consumption. They have got all my books, envelopes, and circulars, and every thing, *only myself.* I tell my friends I stand as a good witness. When *they see me*, they need no further evidence of the virtue of your medicine.

"A few days ago, there was an old gentleman came to see me, and said, 'Are you the woman that had the Consumption, and have been using Dr. Wolfe's medicine?' I told him I was. He said his daughter was said to be in the first stage of Consumption, and he came from a place called Brownsville, about twenty-five miles from here, to see if it was really true that I had received so much benefit from your remedies. I showed him my inhaler, and told him I was that same woman he had heard so much about, and said, 'I do believe, if you would send immediately to Dr. Wolfe, he would help your daughter.' I gave him an envelope and a circular of questions that I had yet left. The man's name is Northrop; he has perhaps sent before this time.

"One of the books was sent to a lady in Ohio by one of my neighbors, to an aunt, who was said to have Consumption, and another was sent to the eastern part of this State. If my lungs ever trouble me again, I shall send to you.

E. METCALF."

There are enough clergymen in the United States afflicted with preachers' sore throat, to justify a half-dozen educated physicians making their treatment a special business. I have alone treated a thousand cases in the last twenty years, and there seems to be no end to this distressing malady. Among many letters of a like character, some of which I have published in "Medical Common-Sense," showing the efficacy of topical treatment, the following is selected, because this talented young minister is well known, and the integrity of his statement will not be questioned by his friends:

Preachers' Sore Throat successfully treated by Medicated Inhalation—A Presbyterian Minister giving Testimony to its Worth.

"SOUTH CHARLESTON, CLARKE CO., O., May 18, 1870.

"DR. N. B. WOLFE,—*Dear Friend:* As a thankful patient, I am always ready to express my confidence in your method of treating those diseases to which you have given so many years of attention; and, surely, I am entitled to that confidence.

"For several years, I suffered with Catarrh in posterior nares, extending into the bronchial tubes. During the Summer and Fall of 1868, I suffered so extremely with it that it became evident I must either obtain immediate relief or abandon the ministry. I was providentially directed to you by a friend, who, when I saw him last, was considered beyond the reach of human help, but who has been restored to perfect health by the treatment you prescribed for him.

"I am now able to preach with comfort and ease, and to your successful treatment I am indebted.

"In October, 1868, I first took treatment, and very soon I began to feel the benefit of a *direct application*. At the end of the month, bloody and nauseous discharges from the nose ceased. I became stronger, and before midwinter *weighed more than ever I did in my life*. And *all this without a particle or drop of medicine in my stomach*. Most assuredly I am persuaded that *local treatment* is the only rational method. As the respiratory organs become affected by a vicious atmosphere, it is reasonable to suppose that, when once affected, their convalescence may be secured by a 'medicated inhalation'—if not, a change of climate is never necessary or beneficial.

"But I have nothing to do with argument. At the end of a month,

I was in good health. To make assurance doubly sure, however, I took the second month's treatment. I used about half of this through the Winter, to break up occasional colds, which in every case acted like a charm.

"This past Winter I conducted a series of meetings alone, without help from abroad. They began on Christmas-day, and continued to about the middle of March; and, with the exception of two evenings, I was engaged in *public speaking over an hour every night*. My only object in stating this is to show that your treatment of my case was successful.

"Now I am in good health, and as I look back to those days when I suffered so much from that *loathsome disease*, and find myself at present so well, I can not but feel grateful to you for that deliverance.

"I have recommended many patients to your care—many have placed themselves under your treatment. Some say they are well, and all say they have received positive benefit.

"Wishing you a long life of usefulness, ever your grateful friend,

"L. M. SCHOFIELD,

"*Pastor Pres'n Church, S. Charleston.*"

A Cautious Compliment from Rev. J. M. Reid, D. D., while editing the *Western Christian Advocate*.

The following article is from the pen of Dr. Reid, and appeared in the editorial columns of the *Western Christian Advocate* several years ago:

"Dr. Wolfe's 'Medical Common-Sense.'"

"An honored friend and venerated minister has presented us with a copy of this work, with an earnest request that we should recommend Dr. Wolfe and his remedies. Our brother assures us that the life of his son has been saved by the treatment, and refers us to other well-known friends, likewise benefited. . . . Dr. Wolfe has long been an advertiser in our columns, and our Book Agents have had considerable financial business with him. All his dealings with the Concern have been prompt and reliable. Of his system of treatment we know nothing personally, and can not therefore speak of his merits. Some of our best friends, however, repose great confidence in Dr. Wolfe's remedies, or system of treatment, and have urged us to give them favorable notice. *We have all confidence in Dr. Wolfe's integrity.*"

The "honored friend and venerated minister," alluded to in Dr. Reid's article, is the venerable JOHN F.

WRIGHT, D. D., of this city. It was his son, the Hon. JOHN R. WRIGHT, who had suffered for years from membranous degeneration of the fauces, larynx, and trachea, whose valuable life had "been *saved* by the treatment."

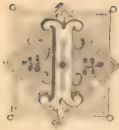
We deem it useless to multiply the testimony favoring topical treatment for diseases of the organs of respiration. Indeed, we have filled the prescribed limit in our little book for such matter. I have endeavored to disprove death to be the inevitable consequence of pulmonary disease, where the new treatment is employed. The folly of drugging through the digestive and circulatory systems for diseases of the nose, throat and lungs, has been practiced so long, that it claims exemption from criticism on account of its very age. To question the soundness of such practice, is simply to commit treason against the dignity and honor of the conservators of medical science. For doing so, every green gosling and gray goose, hatched from the stale eggs of Alma Mater, will viciously assail my reputation, and cry, "Quackery." I hope I have philosophy enough to endure this "music of the mandible" without complaining much.

In conclusion, I have but a few words of "summing up" to offer:

"Medicated inhalation," it will be seen, is a *system of treatment*, not a class of remedies. To practice this successfully, requires skill, experience, and special study. In the hands of an educated physician, who has studied its therapeutics apart from the old formulas for prescribing medicine—one who informs himself by close observation and analysis of the action of medical vapors on diseased tissues—this system will unfailingly exemplify its superiority over the old stomach-dosing process.

Chapter XII.

PERSONAL—BUSINESS—COMPENSATION.



HAVE been treating diseases of the nose, throat, and lungs, with inhaled remedies, since 1848. Since 1853, I have made the treatment of pulmonary disease a *special* practice; and eighteen years ago (1856), I made *Cincinnati* my permanent home and place of business.

Since locating in this city, I have treated more than twenty-five thousand people afflicted with diseases in the organs of respiration. Of each of these I have the name, date of consultation, diagnosis, and the remedies employed, all recorded in my case-books, and can at any time refer to them, if needed. To these witnesses, living and dead, I appeal, to testify to the value of a system of treatment which is claimed to be a benefaction to the race.

When persons living at a distance desire to use inhaled remedies, they can do so by sending a statement of their condition for examination. To assist them to do this, I send them *a printed list of questions*, such as I would ask if they were present in person, to which they write answers. After I receive and examine the circular, appropriate remedies are prepared, which, with instructions and the inhaler, are securely packed in a box, and sent, with all possible dispatch, by express, to the address given,—*always at my risk*.

In this manner I have successfully treated thousands

of people whom I never saw, and whose circumstances or condition would not permit them to consult me in person. Inhaled remedies are always used at home, and may be safely sent to all parts of the United States and Canada.

MY COMPENSATION,

For services, medicines, and inhaler, is as follows:

For the first month,	\$23 00
For every subsequent month,	21 00
For consultation by letter,	2 00

In no case do I depart from my stated fees; and in all cases the fee must accompany the order for treatment, else the medicines will not be prepared.

The facilities for sending money are so many and safe, that nothing but sheer carelessness on the part of the sender will expose it to loss. *I therefore take no risks.* Among thousands of remittances to me, through the money-order department of the post-office, by registered letter, in bank drafts, or through the old-established express companies, I have not lost a single package; nor has one miscarried when properly directed.

When I receive the statement of the case and fee, if I think inhaled remedies are not appropriate, or the disease is too far advanced to be removed, I return the money to the sender, and with it my reasons for so doing. If treatment is decided upon, however, I immediately advise the sender by letter, and acknowledge the receipt of the fee, also state at what time the package will be shipped, and to what place addressed.

PERSONS WISHING A CIRCULAR OF QUESTIONS WILL WRITE THEIR NAME AND POST-OFFICE ADDRESS IN FULL, AND INCLOSE TWO LETTER-STAMPS.

Address

DR. N. B. WOLFE,

CINCINNATI, OHIO.

APPLICATION FOR TREATMENT.

PERSONS at a distance, whose condition or circumstances will not permit them to visit Cincinnati, wishing treatment by Medicated Inhalations, can have the remedies and Inhaler, with full and clear instructions for using them at home, sent by express to any part of the United States or Canada. When other medicines are needed, such as *constitutional remedies*, to act in conjunction with Medicated Inhalations, in all instances I send them without extra expense to the patient; preferring to do so rather than run the risk of having them compounded by careless or uneducated drug-clerks, or the treatment tampered with by those entirely ignorant of my system of practice. In this manner I have treated thousands, successfully, for Consumption, Asthma, Bronchitis, Nasal Catarrh, Loss of Voice, and every other form of disease peculiar to the Nose, Throat, and Lungs. During treatment, I correspond regularly once a week with my patient, and keep a full record of the symptoms and treatment, in a case-book for reference.

COMPENSATION.

For Inhaler, Medicines, Professional Services, and Correspondence, for the

FIRST MONTH,	\$23 00
FOR EACH SUBSEQUENT MONTH,	21 00
FOR AN EXAMINATION OF A CIRCULAR STATEMENT, AND A WRITTEN OPINION OF THE CASE, WITHOUT TREATMENT,	2 00

In all cases, the fee must accompany the order for treatment, and be sent to me **FREE OF EXPENSE**.

I have been treating diseases of the Respiratory Organs by Medicated Inhalations twenty-six years, and have been located in this city eighteen years. I do not travel from home, and may at all times be addressed, or personally consulted, at my residence and office, 146 Smith Street. Some traveling vagabonds have made use of my name in different parts of the country, to impose upon the credulous and uninformed. Remember, no such professional tramps have any authority to represent either my system of treatment, or myself.

My treatise on "INHALATION; OR, HOW TO CURE CONSUMPTION, ASTHMA, AND CATARRH," will be sent, postage free, to any address, for twenty-five cents. To the poor, without charge.

All letters should be addressed

DR. N. B. WOLFE,

CINCINNATI, OHIO.

WRITE ANSWERS TO ALL THE QUESTIONS. A FULL REPORT IS
ALWAYS DESIRED.

1. *Write your name.*
2. *Your Post-office address, giving County and State.*
.....
3. *Where is your nearest Express Office?*
4. *What is your age?*
5. *What is your height?*
6. *What is your present weight?*
7. *What has been your weight in health?*
8. *What is your occupation?*
9. *Are you able to follow it now?*
10. *Are you confined to the bed or house?*
11. *Are you married, single, widow, or widower?*
12. *Have you lost any blood-relations by consumption? If so, state who
they were.*
13. *Have you bled from the lungs? State when, how often, and what
quantity of blood each time.*
14. *Have you a cough?*
15. *When is it most troublesome?*
16. *What quantity do you raise in twenty-four hours?*
17. *Does the matter sink or swim in water?*
18. *Is it ever mixed or streaked with blood?*
19. *What color is it?*

20. *Have you chills, fever, or night-sweats?*
21. *Are you troubled with short breath or palpitation of the heart?*
22. *Is your voice strong and clear?*
23. *Have you pain in any part of your lungs?*
24. *Have you lost the sense of smell?*
25. *Has your breath an unpleasant odor?*
26. *Are you subject to sore throat?*
27. *Have you taken much medicine? State what kind.*
28. *Do you use tobacco in any form?*
29. *Do you use spirituous liquors?*
30. *Do you drink strong coffee or tea?*
31. *Is your breast full, or sunken under the collar-bones?*
32. *How many inches do you measure round the chest?*
33. *Can you strike your breast without exciting cough?*
34. *Can you hold your weight by your hands?*
35. *Do your bowels move regularly?*
36. *Are you troubled with piles or fistula?*
37. *To what cause do you ascribe the loss of your health?*

38. *Are you subject to ASTHMA?*
39. *Is it preceded by sneezing, or cold in the head?*
40. *At what season of the year is it most common to you?*
41. *How long does a paroxysm last?*
42. *Have you any sores on you, or disease of the skin?*

FOR LADIES ONLY.

43. *Have you a weak back, or pain under the shoulder-blade?*
44. *Are you regular in your monthly changes?*
45. *Are they scanty, profuse, suppressed, or natural?*
46. *At such times have you nervous or sick headache?*
47. *Are you troubled with "whites?"*
48. *Have you given birth to children?*
49. *How many?* *How old is the eldest?*
50. *How old is the youngest?*
51. *Have you recovered well after confinements?*
52. *Are you nursing a child now?*
53. *Are you now enceinte?*
54. *Have you had a miscarriage?*
55. *If so, what was the cause?*

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5. *What is your height?*
6. *What is your present weight?*
7. *What has been your weight in health?*
8. *What is your occupation?*
9. *Are you able to follow it now?*
10. *Are you confined to the bed or house?*
11. *Are you married, single, widow, or widower?*
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14. *Have you a cough?*
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22. *Is your voice strong and clear?*
23. *Have you pain in any part of your lungs?*
24. *Have you lost the sense of smell?*
25. *Has your breath an unpleasant odor?*
26. *Are you subject to sore throat?*
27. *Have you taken much medicine? State what kind.*
28. *Do you use tobacco in any form?*
29. *Do you use spirituous liquors?*
30. *Do you drink strong coffee or tea?*
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